

## Membership Form - Social Workers in Health Society of BC

We invite you to renew your membership or to join our Society.

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Special Interest Area(s): \_\_\_\_\_

Check one: New Member: \_\_\_\_\_ Renewal: \_\_\_\_\_ Student: \_\_\_\_\_

I am interested in becoming a mentor \_\_\_\_\_

Signature: \_\_\_\_\_

Membership cost: \$40.00 (\$20.00 student)

Mail cheque to: (make payable to Social Workers in Health Society of BC)  
Social Workers in Health Society of BC  
Suite #196 - 2607 Kingsway  
Vancouver, B.C. V5R 5H4

Membership year: April 1st – March 31st

For further information contact: [membership@socialworkersinhealthbc.org](mailto:membership@socialworkersinhealthbc.org)

Check out our new website at: [www.socialworkersinhealthbc.org](http://www.socialworkersinhealthbc.org)