

Membership Form - Social Workers in Health Society of BC

Name: _____

Degree: BSW MSW student - BSW / MSW

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: Yes

Signature: _____

Membership cost: \$45.00 (\$20.00 student)

Mail cheque to: (make payable to Social Workers in Health Society of BC)

Social Workers in Health Society of BC
110 - 19150 Lougheed Hwy
PO Box 31781
Pitt Meadows, BC, V3Y 2H1

Membership year: April 1st – March 31st

For further information contact: membership@socialworkersinhealthbc.org