



Florida Association of School Social Workers
Membership Application Form
(Please type or print)

Name _____
Home Address _____
County of Residence _____
Phone _____ Fax _____
Email _____

Work Information

Employer _____
Department _____
Work title _____

Professional Information

Degree(s) _____
License(s) _____
National Credential(s) _____
And/or Certificate(s) _____

Legislative Information* (Residence only)

State Senator or district _____
State Representative or district _____

*Not sure? Check with your local Elections Office or look on your voter card.

Annual Membership Fees

_____ Full time SSW = \$35.00
_____ Associate/Alumni/Retired = \$25.00
_____ Student = \$20.00

Mail form and check to:

Vicki Barreneche
8716 Cobbler Place
Tampa, FL 33615

Check if you are renewing your membership (through September 2005)

_____ Joining or renewing membership in SSWAA = \$40.00

Make a **separate** check payable to SSWAA for \$40.00 and we will forward it for you.

Note: SSWAA membership when NOT renewing with FASSW is \$75.00.