



**LONG TERM CARE SOCIAL WORKERS OF IOWA**

*Membership Application – Year 2019 (Jan-Dec)*

Complete the application, make the check out to “LTCSWI,” and send to:

LTCSWI  
1040 Market Street  
Carlisle, IA 50047

**NAME:** \_\_\_\_\_

**LICENSE #** \_\_\_\_\_

**ADDRESS:** Fill out BOTH addresses and **check ✓ the ONE** where you want conference brochures mailed.

\_\_\_\_\_ **HOME**

\_\_\_\_\_ **WORK**

\_\_\_\_\_

(Facility) \_\_\_\_\_

\_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**County** \_\_\_\_\_

**County** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Phone** \_\_\_\_\_

**EMAIL:** Provide us with email address(es) and **check ✓ the ONE** where you want newsletters/handouts sent

\_\_\_\_\_ **HOME**

\_\_\_\_\_ **WORK**

**E-mail** \_\_\_\_\_

**E-mail** \_\_\_\_\_

(Please print legibly)

(Please print legibly)

**YOUR JOB POSITION** (Mark all that apply):

Staff Social Worker \_\_\_\_\_ Activity Director \_\_\_\_\_ Consultant \_\_\_\_\_

Administrator \_\_\_\_\_ Designee \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**MEMBERSHIP:** Check the correct category below. Memberships expire Dec. 31 each year.

\_\_\_\_\_ \$50.00 – Individual membership status for those who provide direct social services in long term care

\_\_\_\_\_ \$40.00 – Current Members who Refer a friend \_\_\_\_\_ (name of referral)

\_\_\_\_\_ \$40.00 – New Member - Referred by a current member \_\_\_\_\_ (name of member)

\_\_\_\_\_ \$25.00 – Student membership status

\_\_\_\_\_ \$25.00 – Retired membership status

\_\_\_\_\_ Complimentary – Retired Board Member

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