



LONG TERM CARE SOCIAL WORKERS OF IOWA

Membership Application – Year 2020 (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

Send completed application with check to: LTCSWI, 1040 Market Street, Carlisle, IA 50047