

REMEMBER...

Before mailing in your application,
be sure to:

- ◆ Include your check
- ◆ Complete all sections of the form
- ◆ Check address box where you wish to receive mail

Complete and return this application
along with your dues to:

Sherri Dabbs, Treasurer
Wisconsin Social Services Association
8600 Sheridan Road
Kenosha, WI 53143

*Thank you for your
membership!*



WSSA makes a
difference in your
career and your
profession:

HEALTH

HUMAN

&

SOCIAL

SERVICES

Membership Application

WSSA IS FAMILY

In WSSA you will become part of one of six districts. You will be invited to district and State events and make friends with many people in your profession. Current WSSA members include more than 400 Social Workers, Directors, Administrators, Support Workers, Honorary Life Members, Board Members, and Volunteers.

Newsletters keep you up-to-date with current issues and events for your occupation. Additionally, you receive special notices of WSSA activities at State and local events. District meetings and an annual conference meet educational needs and provide professional information. Speakers are experts, legislators, and other professionals who craft innovative programs within their areas of expertise. Ten committees address your specific areas of interest and concern:

- ◆ *Executive*
- ◆ *Conference Planning*
- ◆ *Constitution & Bylaws*
- ◆ *County/State & Legislative*
- ◆ *Elderly, Blind & Disabled Programs*
- ◆ *Finance*
- ◆ *Long Term Support*
- ◆ *Operations*
- ◆ *Social/Human Services*
- ◆ *E.S. Workforce Development*

Wisconsin Social Services Association Membership Year Runs July 1 through June 30

MAKE CHECKS PAYABLE TO WSSA

Membership

- New
- Renewal (member - previous year)

Membership Category

- Regular..... \$25.00
- Student..... \$12.50
- Contributing..... \$35.00+

Employer Type

- County
- State
- University (*for students*)
- Other _____

PUT WSSA TO WORK FOR YOU!

Your future is now, and WSSA can help. WSSA is an association of members helping each other to improve themselves, the system they work in, and the people they serve.

WEB ADDRESS: www.wssa.ws

PLEASE PRINT

Name: _____

Home Address: _____

Employer/Agency: _____

Work Address: _____

Phone: Work Home

Email: _____

Your area of Work & Job Title: _____

List Special Interest Area(s): _____

Other professional affiliations you are involved in: _____

Would you like to be more involved?

- Yes
- No

To Which Address Would You Like Mail Sent:

- Home Address and/or E-mail
- Employer's Address and/or E-mail