



Minnesota Nursing Home Social Workers Association

Dedicated to enhancing total person care through advocacy, education, leadership and support

Annual Membership

200__ MEMBERSHIP YEAR

Memberships are per calendar year (January through December) If you are paying at the time of the fall conference to get the reduced conference rate, your membership is for the calendar year the conference is held in.

Please COMPLETE ALL INFORMATION and PRINT CLEARLY

CHAPTER (Check One)

- Central
- Iron Range
- Lakes
- North
- North Central
- Northwest
- South Central
- Southeast
- Southwest
- Twin Cities

Status (Check One)

- I am a New Member
- I am a Renewing Member

Membership Dues (Check One)

- \$40 Regular
- \$10 Student
- \$10 Unemployed

FACILITY / ORGANIZATION EMPLOYED AT:

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Email _____

- MNHSPA Chapter & State mailings will be sent to you at the address you list below. (May be your home or work)

MEMBER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEMBERS

Please make check payable to MNHSPA and send it with your application to your Chapter Treasurer (Name/Address below)

CHAPTER TREASURERS

Send a copy of this application and one half the dues (State Portion) to the State Treasurer (Name/Address below)

• Note to facilities- If you are paying the membership fee and the Social Worker leaves your facility, the remaining membership goes with them (per MNHSPA policy).

CHAPTER USE ONLY

Check # _____

Received on: _____

Sent to State Treasurer on: _____

STATE USE ONLY

Received on: _____

Entered in database on: _____

Sent to Production Service on: _____