

MEMBERSHIP INFORMATION

- **Regular Members:** Any person who holds an MSW and/or BSW Degree, who is licensed as a social worker by the State of Indiana, and is employed by and responsible to a public or private school system of Indiana as a school social worker, shall, upon payment of annual membership dues, become an active regular member. Regular membership shall also include school social work educators, school social work administrators, and those members who are actively seeking employment as school social worker.
- **Charter Members:** Any person who has had continuous membership since November 1997.
- **Affiliate Members:** Affiliate members shall include those individuals desiring membership in INSSWA who are:
 - a) professional and paraprofessional people working in related fields,
 - b) any person retired from a school social work position, or
 - c) school social work students and others who subscribe to the purposes of the organization

Your Officers:

Cynthia Evans President , Kokomo Center Schools,
cevans@kokomo.k12.in.us (765) 455-8000 x309
Pam Lawrence Puls, President elect, Monroe Co. CSC,
(812) 349-4763, plawrence@mccsc.edu
Linda Kates, Secretary, Danville Schools,
lkates@danville.k12.in.us
Tammy Skinner, Treasurer, Indianapolis Public Schools,
skinnert@ips.k12.in.us

Your Board Members:

Beth Hoban, Past President, Kokomo Center Schools
Terry Miller, Member at Large, Greenfield Central Schools
Dee Kempson, DOE School Social Work Consultant
Deidre Knop, Indianapolis Public Schools
Traci Larrison, Brownsburg School Corporation
Linda Temme, Indianapolis Public Schools
Megan Thomas, Mt. Vernon Community Schools
Regena Williams, Indianapolis Public Schools

INSSWA MEMBERSHIP FORM

Please Print

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home E-Mail Address: _____

Home Telephone: Area Code (_____) _____

School District / Corporation: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

School Building: _____ County: _____

Work E-Mail Address: _____

Work Telephone: Area Code (_____) _____

Title: _____

Degree: _____

Please Send Mail To: Work _____ Home _____

Please Send E-Mail To: Work _____ Home _____ (suggested)

Regular Member: New _____ Renewal _____ (\$50.00) _____

Charter Member Renewal (Continuous Member as of 11/7/97) (\$35.00) _____

Affiliate Member: New _____ Renewal _____ (\$35.00) _____

I am willing to serve in the following areas/committees:

_____ Board of Directors _____ Scholarships

_____ Conference Planning _____ Mini-grants

_____ Finance/Audit

_____ Legislative

_____ Membership / Regional Representative

_____ Newsletter

_____ Communications/Website

_____ SSWer of the Year Selection / Awards

Please send this form and your check made payable to INSSWA:

**INSSWA
PO Box 511**

Mooresville, IN 46158

Website: www.insswa.org