



Miami-Dade County Association  
of School Social Workers  
P.O. Box 558511, Miami, FL 33155  
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Member Application (2020-2021) \_\_\_\_\_ New or \_\_\_\_\_ Renewal

Please Type or Print Clearly

Name _____	Cell Phone ( ) _____
Home Phone ( ) _____	Work Phone ( ) _____
Work email _____	Home email _____
Address _____	City, State, Zip _____
Credentials (Optional) BSW, MSW, LCSW, other: _____	

### Membership Dues

<b>Check One:</b>		
_____ Regular Membership*	_____ Associate: Part-Time or Retired**	_____ Student Intern
\$10.00	\$10.00	\$10.00
<b>Payments to M-DCASSW can be submitted through the following options:</b>		
1) CashApp account: \$MDCASSW <b>or</b>		
2) Check addressed to: Miami-Dade County Association of School Social Workers, mailed to: M-DCASSW, P.O. Box 558511, Miami, FL 33155		
<i>*Regular Membership: Employed as M-DCPS SSW, Certified in SSW, or University SSW Professor</i>		
<i>**Part-time SSW, Former SSW, SW from outside agency not currently working in M-DCPS</i>		

**We Need Your Participation! Get involved by joining a committee below:**

<b>COMMITTEE Participation:</b>	
_____ Community Engagement & Volunteerism	_____ Social Media & Marketing
_____ Membership and Recruitment	_____ Professional Advocacy
_____ Social Events Coordination	_____ Web Page