

Graduate Student Social Workers (GSSW)
Application for Membership



Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

WKU Email: _____

Telephone: _____

Please circle one of each:

Bowling Green

Owensboro

Elizabethtown

Full Time

Part Time

Advanced Standing

Anticipated Graduation Year: _____

1. Are there any specific activities you would like to see GSSW involved in?

2. Would you be interested in serving on a committee or being an executive member (now or in the future)?

Turn in completed application and payment of \$25 to: a GSSW Executive Member
OR mail to Western Kentucky University, Department of Social Work
Attn: Dr. Saundra Starks, 1906 College Heights Blvd, Bowling Green KY 42101

FOR OFFICIAL USE ONLY
SEM 1:
SEM 2:
BB: