

A Master's Degree in Social Work is required.
(Please attach a current Curriculum Vitae – except Student Members)

Name: _____ Credentials _____

Home Address: _____

City: _____ State _____ Zip Code _____ County _____

Phone _____ Email Address: _____

Organization & Office Address: _____

City: _____ State _____ Zip Code _____ - _____ Phone _____

Do you wish your mail to go to: Home Address or Office Address

MEMBERSHIP CATEGORY, MEMBERSHIP DUES

Please Note:

- Society Membership year runs from January 1st – December 31st.

If you are joining between, Jan. 1 & June 30, please pay **full year** dues below: If you are joining between, July 1 & Dec. 31, please pay **½ year** dues below:

Society Dues

Society Dues

<input type="checkbox"/> FELLOW	\$180.00*	\$95.00*
(Master's Degrees in Social Work with minimum of 5 years post-Master's clinical practice & LCSW)		
<input type="checkbox"/> GENERAL	\$155.00*	\$80.00*
(Master's Degree in Social Work & minimum of two years post-Master's experience in social work practice)		
<input type="checkbox"/> TRANSITIONAL	\$105.00	\$55.00
(Master's Degree in Social Work & less than two years post-Master's experience)		
<input type="checkbox"/> STUDENT	\$40.00	\$40.00
(Graduate Social Work Student in good standing)		
<input type="checkbox"/> REGIONAL	\$105.00	\$55.00
(Master's Degree in Social Work & resides beyond Philadelphia, Bucks, Chester, Delaware & Montgomery Counties)		
<input type="checkbox"/> AFFILIATE	\$40.00	\$40.00
(Full membership in a Society of Clinical Social Work in another state)		
<input type="checkbox"/> RETIRED	\$70.00	\$40.00
(Master's degree from an accredited graduate school of social work & retired from clinical practice)		

CREDENTIALS

- Graduate Degree: _____ Date or pending date of degree: _____
- School granting degree/pending degree: _____
- LSW # _____ LCSW # _____ BCD # _____

Membership Dues:

Membership Dues* (Please remember to include a current vitae.) \$bbbbbbbbbbbbbb

The Journal For Clinical Social Work

\$47.00 for electronic access; \$80 for print subscription, or \$106 for print & electronic \$bbbbbbbbbbbbbb

Voluntary Vendorship Contribution: (This helps support our PSCSW Lobbyist.) \$bbbbbbbbbbbbbb#

If paying by check or money order, please subtract \$5.00. \$bbbbbbbbbbbbbb

TOTAL AMOUNT DUE \$bbbbbbbbbbbbbb#

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Make Check payable to **PSCSW** and mail to: PSCSW, 112 Carol Lane, Richboro, PA 18954. If you have any questions, please call 215/942-0775. Email: pscsw@pscsww.org Website: www.pscsw.org

Please turn over to complete the application and pay by credit card. →

What type of Clinical Social Work do you currently practice?

- Agency/Publicly Funded Practice Private, Individual or Group Practice
 University Professor Currently Not Employed
 Other _____

Please indicate your areas of interest:

- Political Action, Lobbying Newsletter Private Practice
 Membership Education

Please indicate which committee you would like to work on _____

How did you hear about PSCSW? _____

Please let us know the name of a member that recommended you to PSCSW so we can thank them:

Please list only one name. _____

Please feel free to email us at pscsw@pscsw.org or visit our website at www.pscsw.org

Credit Card Payment for PSCSW Membership

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

VISA MASTERCARD DISCOVER

CREDIT CARD NO.: _____

EXPIRATION DATE: _____ CVV _____ (3 DIGIT NUMBER)

SIGNATURE: _____

DATE: _____

Office Use Only:

Date Approved: _____

Date Welcome Letter Mailed: _____

Date Inputted: _____

Date Journal Ordered: _____