

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 DUE

Society Dues

- | | |
|--|----------|
| <input type="checkbox"/> FELLOW | \$180.00 |
| (Master's Degrees in Social Work with minimum of 5 years post-Master's clinical practice & LCSW) | |
| <input type="checkbox"/> GENERAL | \$155.00 |
| (Master's Degree in Social Work & minimum of two years post-Master's experience in social work practice) | |
| <input type="checkbox"/> TRANSITIONAL | \$105.00 |
| (Master's Degree in Social Work & less than two years post-Master's experience) | |
| <input type="checkbox"/> STUDENT | \$40.00 |
| (Graduate Social Work Student in good standing) | |
| <input type="checkbox"/> REGIONAL | \$105.00 |
| (Master's Degree in Social Work & resides beyond Philadelphia, Bucks, Chester, Delaware & Montgomery Counties) | |
| <input type="checkbox"/> RETIRED | \$70.00 |
| (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 \$ _____

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

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

TOTAL AMOUNT DUE \$ _____

Please remember to include CV with your application.

Make Check payable to PSCSW and mail to: PSCSW, PO Box 147 Darby PA 19023.
If you have any questions, please email: pscsw@pscsw.org Website: www.pscsw.org