

## PSCSW Membership Form

A Master's Degree in Social Work or acceptance into an accredited Social Work Master's program is required for membership in the Pennsylvania Society of Social Work

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Society Dues

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

### **CREDENTIALS (new members only)**

Graduate Degree: \_\_\_\_\_ Date or pending date of degree: \_\_\_\_\_

School granting degree/pending degree: \_\_\_\_\_

LSW # \_\_\_\_\_  LCSW # \_\_\_\_\_

BCD # \_\_\_\_\_

### **Membership Dues:**

Membership Dues \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**Please remember to include CV with your application.**

Make Check payable to PSCSW and mail to:  
PSCSW, 64 N Brookside Rd Springfield PA 19064

If you have any questions, please email: [pccsw@pccsw.org](mailto:pccsw@pccsw.org)  
You may also renew online at [www.pccsw.org](http://www.pccsw.org)