

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 1<sup>st</sup> – December 31<sup>st</sup>. Therefore, if you join before July 1<sup>st</sup> of any membership year, you pay a full year dues. If you join after July 1<sup>st</sup> of any membership year, you pay ½ a year dues.

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

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<input type="checkbox"/> FELLOW (Master's Degrees in Social Work with minimum of 5 years Post-Master's clinical practice)	\$205.00*	\$105.00*
<input type="checkbox"/> GENERAL (Master's Degree in Social Work)	\$155.00*	\$80.00*
<input type="checkbox"/> STUDENT (Graduate Social Work Student in good standing)	\$40.00	\$40.00
<input type="checkbox"/> TRANSITIONAL (First & second years following Graduate School)	\$105.00	\$55.00
<input type="checkbox"/> REGIONAL (Residents of Outlying Region or State beyond Philadelphia, Bucks, Chester, Delaware & Montgomery Counties)	\$105.00	\$55.00
<input type="checkbox"/> AFFILIATE (Full member of another state)	\$40.00	\$40.00
<input type="checkbox"/> RETIRED	\$70.00	\$37.50

### 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.) \$ \_\_\_\_\_

The Journal For Clinical Social Work (\$47.00 if applicable) \$ \_\_\_\_\_

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, 112 Carol Lane, Richboro, PA 18954. If you have any questions, please call 215/942-0775. Email: pscsw@pscsw.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
- University Professor
- Other \_\_\_\_\_
- Private, Individual or Group Practice
- Currently Not Employed

Please indicate your areas of interest:

- Political Action, Lobbying
- Membership
- Newsletter
- Education
- Private Practice

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@aol.com](mailto:pscsw@aol.com) or visit our website at [www.pscsw.org](http://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: \_\_\_\_\_