

The Georgia Society for Clinical Social Work

I am making application to become a member of The Georgia Society for Clinical Social Work (GSCSW). The annual membership dues* are as follows:

General LCSW	\$110.00
Associate - 0-3 years post MSW	\$60.00
Affiliate	\$60.00
MSW Student	\$20.00
Doctoral Student	\$60.00

Name _____

Home Address _____

City _____ Zip _____

Present Practice _____

1. Work Address _____

City _____ Zip _____

Telephone/Home _____ Telephone/Work _____

Email Address _____

LCSW License # _____ ST _____ or LMSW License # _____ ST _____

Certification _____ BCD _____ Other (please specify) _____

If you are a student, which school are you attending? _____

What is your anticipated graduation date? _____

EDUCATION

Undergraduate, Graduate and Other	Major	Degree	Date
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How did you find out about GSCSW? _____

** In order to be eligible for membership to GSCSW you must have graduated or be currently enrolled in an MSW program that is accredited by the Council on Social Work Education. In addition, certain felony crimes will prevent you from becoming a member as well as having been sanctioned by social work's licensing board. Please answer the following questions:

(1) Are you currently or did you attend an MSW program that was accredited by CSWE - Yes ___ No ___

(2) Have you ever been convicted of a felony - Yes ___ No ___

If yes, please provide explanation:

(3) Have you ever received a sanction from social work's licensing board? Yes ___ No ___? If yes, please provide an explanation:

Would you like to receive information about getting listed on the GSCSW Website Directory? _____ Yes _____ No

As more information is available electronically, GSCSW is committed to reducing our dependence on paper and being good stewards of our environment. To this end we are offering to our members the opportunity to receive all information (monthly clinical programming, announcements, The Clinical Page, conference information, and all other miscellaneous GSCSW business) electronically.

Do you prefer to receive information via email/ mail/ both (check one) _____ Email _____ Mail _____ Both

If you prefer information mailed to you where do you want to receive it: Home or Office (circle one)

Please mail this form, a current resume (**optional**) that includes work experience and training, a copy of your current social work license, and a check for whichever category you are applying for to:

GSCSW
P. O. Box 13838
Atlanta, GA 30324

AFFIRMATION

I affirm to the best of my knowledge that the above information is true, correct and complete. I subscribe to the GSCSW Code of Ethics. I further declare that I have never been convicted of malpractice or had my license removed by a licensing board of professional organization.

Signature

Date

Membership dues need to accompany this application to be considered for membership. You will be notified of acceptance within 30 days of receipt of a completed application. If you have any questions please email Trisha Clymore, Administrator at admin@gscsw.org or call 404-237-9225. Thanks.