



**The Georgia Society for Clinical Social Work**  
 P.O. Box 13838 / Atlanta / GA / 30324 / 404-237-9225  
 www.gscsw.org

May 27, 2008

Dear GSCSW Member:

The 2007/2008 renewal membership dues for GSCSW are listed below. Please return this form, the forms attached and your dues payment by June 30<sup>th</sup>. We have enclosed a self-addressed envelope for your convenience.

General Atlanta LCSW	<b>\$110.00</b>
Associate - 0-3 years post MSW / Doctoral Student	<b>\$60.00</b>
Affiliate (outside Metro Atlanta)	<b>\$60.00</b>
MSW Student	<b>\$20.00</b>
Emeritus (Must be approved by the GSCSW Board of Directors)	<b>\$60.00</b>

ITEM	AMOUNT
Membership Dues (Due by June 30, 2008)	_____
2008-2009 Clinical Social Journal (add \$45.00)	_____
Contribution for legislative activity (Non-deductible)	_____
<b>TOTAL ENCLOSED</b>	<b>_____</b>

*A percentage of your dues are used for political expense. You will receive a tax statement by 1/31/2009 for any dues paid in 2008. Please contact Trisha Clymore at [admin@gscsw.org](mailto:admin@gscsw.org) if any questions.*

**PLEASE FILL OUT THE FORM ON BACK**

# The Georgia Society for Clinical Social Work

## 2008/2009 Renewal Information

Providing this information helps keep the membership database current. Thanks.

### **Personal Information** (Please print)

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

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

City, State, Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

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

### **Office / Agency Information**

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

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

City, State, Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you accept Insurance Y/N (circle one)

Are you currently on the listserv? \_\_\_\_\_ Yes \_\_\_\_\_ No If no would you like to be added?  
(Have to have an email address).

Do you prefer to receive mailings via email or regular mail ( please circle one)

If you prefer to receive by mail which address should be used – H / O (**please circle one**)