

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 (MSW, LMSW or Doctoral Student)	\$60.00
MSW Student	\$20.00
Affiliate (outside of Metro Atlanta)	\$60.00

Name _____ Date of Birth _____

Home Address _____

City _____ Zip _____

Present Practice _____

1. Work Address _____

City _____ Zip _____

2. Work Address _____

City _____ Zip _____

Telephone/Home _____ Telephone/Work _____

Email Address _____ House District _____ Senate District _____

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

Certification _____ BCD _____ Other (please specify) _____

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

What is your anticipated graduation date? _____

EDUCATION

Undergraduate, Graduate and Other	Major	Degree	Date
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INTERNSHIPS

Institution / Agency	Dates	Supervisor(s)
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Office / Agency Information

Name: _____

(1) Address: _____

City, Zip: _____

(2) Address: _____

City, Zip _____

Telephone(s): _____ Fax: _____

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:

1. Would you like to be on the GSCSW email listserv? _____ No _____ Yes (if yes, you must provide an email address above)

GSCSW GOES GREEN!!

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 mailings via email/ mail/ both (check one) _____ Email _____ Mail _____ Both

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

Please mail this form, 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 tclymore@comcast.net or call 404-237-9225. Thanks.