

The Georgia Society for Clinical Social Work
Membership Application

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 (Georgia)	\$130.00
Associate (MSW, LMSW or Doctoral Student)	\$65.00
MSW Student and 1 year post graduation or Retired Membership	\$25.00
Distant Member (outside of Metro Atlanta)	\$65.00

Name _____

Home Address _____

City _____ Zip _____

Email address: _____ Telephone _____

Present Practice _____

1. Work Address _____

City _____ Zip _____

Office Telephone _____

2. Second work address _____

City _____ Zip _____

LCSW License # _____ LMSW License # _____

Certification _____ BCD _____ other (please specify) _____

Do you want to be listed on the GSCSW website directory? ____ Yes ____ No

Do you want your email listed on the GSCSW website directory? ____ Yes ____ No

Would you like to be invited to join the GSCSW email listserv? ____ Yes ____ No

Where do you want to receive mail: Home ____ Office ____ (check one box)

Which membership are you applying for: ____ LCSW ____ Associate ____ Distant Member ____ Student

EDUCATION

Undergraduate, Graduate and Other	Major	Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____

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

What is your anticipated graduation date? _____

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:

Are you currently or did you attend an MSW program that was accredited by CSWE: Yes _____ No _____

If paying by check please make payable to GSCSW. If you want to pay by credit card please check here _____ and an invoice will be emailed to you.

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

You can return this form to P.O. Box 33338, Decatur, GA 30033 or scan and email it to admin@gscsw.org

Dues need to accompany this application or a request to be invoiced has been checked in order to continue with processing this application. You will be notified of acceptance within 10 days of receipt of a completed application and payment. If you have any questions please email Trisha Clymore, Administrator at admin@gscsw.org or call 404-237-9225. Thanks.