

The Georgia Society for Clinical Social Work Renewal Form

Providing this information helps keep the membership database current.

Personal Information (Please print)

Name: _____

Home Address: _____

City, State, Zip: _____

Telephone Number: _____ Email Address: _____

Office / Agency Information

Name: _____

Address: _____

City, State, Zip: _____ Office Telephone: _____

Do you want your email listed in the GSCSW website directory: Yes No

If you are not on the listserv would you like to be added? Yes No

Membership Dues for 1 year:

LCSW - Georgia	\$130.00
Associate or Distant Membership (outside Metro Atlanta) – MSW, LMSW or Doctoral Student	\$65.00
MSW Student	\$25.00
Retired (Must be approved by the GSCSW Board)	\$25.00

Membership Dues _____

Contribution for legislative activity (Non-deductible) _____

TOTAL _____

An invoice for payment can be issued. Check here if you would like to receive an invoice

Which renewal level: LCSW Associate Distant member Student membership.

If paying by check please make check payable to GSCSW.

Please contact Trisha Clymore at admin@gscsw.org if any questions. Return this form to **P.O. Box 33338, Decatur, GA 30033-0338** or scan it and email it to admin@gscsw.org