

South Carolina Society for Clinical Social Work

Membership Application

SCSCSW is going GREEN see below for incentives and details

Name _____

Work Title/Position _____ Preferred Email _____

Organization _____

Preferred mailing address _____

City, State, Zip _____

Work phone _____ Home phone _____

Demographic information:

Level and # of S.C. license: # _____ LMSW # _____ LISW-CP or AP? (Please circle one)

_____ not licensed in S.C. _____ Agency or _____ Private Practice ?

Other credentials, licenses, and certifications held: _____

Practice modality or special interests (to be included in membership directory): _____

Required information:

A. Describe your current practice and work history: (May attach resume)

List agency or setting, dates, position, job description.

B. Education: School, address, degrees, year, name on diploma (if different from current name), description of field placement and course sequence. **Include a photocopy of your highest degree diploma.**

C. Supervision: Describe supervision received: dates, hours per week, and supervisor's name(s), credentials, and business address. (Group or individual?)

(If applying for Full Membership status)

Category of membership applied for (check one) Yearly dues amount

Full Member (MSW + 5 years experience; 2 supervised).....\$100

Associate Member (MSW with less than 5 years experience).....\$75

Student Member (currently enrolled in accredited MSW program).....\$40

Retired Member (retired as a Clinical Social Worker and/or collecting Social Security)..\$50

You may deduct \$15 from the above fee if you are willing to accept all SCSCSW correspondence electronically (email and website).

 You may deduct an additional \$35 from your SCSCSW membership fee if you include a current copy of your CSWA membership certificate. If you join or renew with Clinical Social Work Association within the next year, you may submit a copy of the membership certificate at that time and be reimbursed \$35.

Every member is encouraged to serve on a committee. Please indicate interest(s):

Education Finance Public Relations

Ethics Nominations

Government Affairs Membership

Membership Fee \$_____ - Green discount \$15.00 = \$_____ amount due

amount due \$_____ - CSWA refund \$35.00 (if applicable) = \$_____ (with CSWA certificate)

New for 2010 join immediately online at www.scclinicalsocialwork.org using PayPal. You may email supporting documentation to Leigh Bostic at Lebostic@yahoo.com or fax 864-298-8032.

I hereby apply for membership in the SC Society for Clinical Social Work in the above category. Enclosed is my check in the amount of \$_____ made out to **SCSCSW**. I affirm that I have read and completed this application and that the foregoing statements are true as stated.

SIGNATURE _____ DATE _____

Mail application, dues, and supporting documentation to Membership Chairperson:

Leigh Bostic - 706 South Almond Drive - Simpsonville, SC 29681

For more information contact Leigh Bostic at (864) 430-0475 or Lebostic@yahoo.com