

SC Society For Clinical Social Work- Member Renewal 2010
SCSCSW is going GREEN in 2010, see below for incentives and details

It is important that you renew by **January 31, 2010** so that you may be included in the 2010 Membership Directory and maintain access to the "Members Only" section of the www.scclinicalsocialwork.org website.

Name _____ License Level: LMSW, LISW-CP,
 Title/Position _____ LISW-AP, MSW
 Organization _____
 E-mail _____
 Preferred Mailing Address _____
 City, State, Zip _____
 Work Phone _____ Home Phone _____

Please indicate renewal status: (Check one)

- _____ **Full** Member (MSW + 5 years experience; 2 supervised).....\$100
- _____ **Associate** Member (MSW with less than 5 years experience).....75
- _____ **Student** Member (currently enrolled in an accredited MSW program).....40
- _____ **Retired** Member (retired as a Clinical Social Worker and/or collecting Social Security).50

_____ check here to indicate that you need a **certificate of membership**
 (if your status has changed or if you don't have one)

_____ *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 renewal fee if you include a current copy of your CSWA membership certificate. If you join or renew with CSWA within the next year, you may submit a copy of the membership certificate at that time and be reimbursed \$35.

*Please verify information about your practice that was included in the 2009 membership directory. Note any **changes** below. Due to space limitations, please list your selections in order of preference. Areas of practice specialty, credentials or special interest:* _____

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

_____ Government Affairs _____ Public Relations _____ Finance _____ Nominations
 _____ Education _____ Membership _____ Ethics

Renewal Fee \$ _____ - Green discount \$15.00 = \$ _____ amount due
 amount due \$ _____ - CSWA refund \$35.00 (if applicable) = \$ _____ (with CSWA cert.)

Please return form and check made out to SCSCSW to:
 Leigh Bostic – 706 South Almond Drive - Simpsonville, SC 29681

New for 2010 renew immediately online at www.scclinicalsocialwork.org using PayPal.

- SCSCSW Affiliate of Clinical Social Work Federation/Association Since 1984