

South Carolina Society for Clinical Social Work

Student Membership Application

SCSCSW is going GREEN see below for incentives and details

Name _____

Make check out to **SCSCSW** and mail to:

Address _____

Leigh Bostic, MSW, LISW-CP

SCSCSW Membership Chairperson

Phone _____

706 South Almond Drive

E-mail _____

Simpsonville, SC 29681

A. Education: (Name of university, major, degree, and year of graduation)

Current: _____

Previous: _____

B. Field Placement(s) or Other Clinical Training: (May attach resume)

List name of organization, dates, and field instructor or supervisor.

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

____ Education ____ Nominations ____ Finance ____ Public Relations

____ Ethics ____ Government Affairs ____ Membership

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

*Student Membership Fee \$40.00 - Green discount \$15.00 = **\$25.00 amount due***

New for 2010 join immediately online at www.scclinicalsociwork.org using PayPal.

You may email supporting documentation to Leigh Bostic at Lebostic@yahoo.com or fax to 864-298-8032.

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

SIGNATURE _____

DATE _____