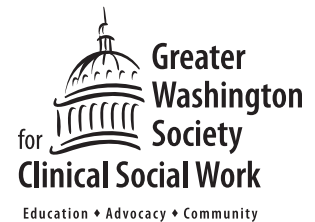


MEMBERSHIP APPLICATION



Date _____

NAME (please print) _____

Home Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____

Fax (_____) _____ Email _____ Sign me up for the GWSCSW LISTSERV

PREFERRED MAILING ADDRESS: Home Office 1 Office 2

EMPLOYED BY (i.e. hospital, school, government agency, etc — DO NOT LIST PRIVATE PRACTICE information here.)

Agency Name _____ Agency Phone (_____) _____

PRIVATE PRACTICE

Home Office (same address as above) No Yes Home Office Phone (_____) _____

Office 1 Address _____ Office Phone (_____) _____

City _____ State _____ Zip _____

Office 2 Address _____ Office Phone (_____) _____

City _____ State _____ Zip _____

Please complete the following about your private practice:

Practice: Full Time Part Time / Day Evening Saturday Sunday

Population: Infants Children Adolescents Adults Geriatric Developmentally Disabled

Treatment Modalities: Individual Therapy Group Therapy Couple Therapy Family Therapy

Professional Services: Case Management Supervision Consultation

Language Skills: Sign Language Foreign Language (fluent) _____

EDUCATION

MSW: School _____ Year Awarded _____

Doctorate: Discipline _____ School _____ Year Awarded _____

CURRENT LICENSE

License #: DC _____ MD _____ VA _____ Other _____

Level: _____

Have you ever had your licensed suspended, revoked, or denied? No Yes (If YES, please explain on reverse)

GWSCSW MEMBERSHIP LEVEL (Discount rates may apply between April 1 and September 30. Call 202-537-0007 for information.)

- Full Membership (\$150)** in the Society is open to persons who hold a Master of Social Work or a Doctor of Social Work degree from a graduate school of social work accredited by the Council on Social Work Education and hold a state license at the clinical level or, if licensure is not required for practice, have completed the number of hours of supervised post graduate clinical social work experience to be eligible for licensure at the clinical level.
- Graduate Membership (\$75)** is available to persons meeting the educational requirements for full membership who are working toward the post graduate supervised experience and, where applicable, licensure requirements for full membership.
- Student Membership (\$25)** is available to persons enrolled in an accredited school of social work at the MSW level.
- Affiliate Membership (\$75)** is open to persons who meet the requirements for full membership and are living abroad or in a jurisdiction that does not have an active clinical society, or are full members of a clinical society in another jurisdiction.
I am a full member of _____
- Retiree Membership (\$25)** is open to persons who have met the educational requirements for full membership but are fully retired from practice.
- Emeritus Membership (\$25)** is open to members who have met the educational requirements for full membership, are fully retired from practice, are at least 70 years old, and have ten consecutive years of full membership in the Society.

If you have had your license revoked, suspended or denied, please explain:

Do you have malpractice insurance? w/CSWA w/NASW Trust Other _____
 No Please send information

Please check the GWSCSW committees that interest you:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Annual Conference | <input type="checkbox"/> Mentor Program | Legislation: |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Newsletter | <input type="checkbox"/> DC |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Maryland |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Programs | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Referral Panel | <input type="checkbox"/> Federal |

Other skills, experience you could share (such as legal, finance, public relations, computer expertise): _____

How did you learn about GWSCSW? _____

Dues reductions are available in cases of financial hardship. Please direct financial hardship requests to the Membership Chair.

*Note: The 1993 Revenue Reconciliation Act disallows lobbying as a tax-deductible activity. Because GWSCSW engages in legislative lobbying on your behalf, **10% of your dues are not deductible as a business expense.***

To the best of my knowledge, all information provided on this application form is accurate.

➤ Signature _____ Date _____

➤ Payment \$ _____

Check made payable to GWSCSW

Credit Card: Name on credit card _____

(VISA or MasterCard) Billing Address _____ Zip _____

Credit Card # _____ - _____ - _____ Exp. Date ___ / ___

Signature _____

MAIL application with payment to: GWSCSW • PO Box 3235 • Oakton VA 22124

Or FAX application with credit card payment to: 703-938-8389

If you have questions, please call the office at 202-537-0007.

OFFICE USE ONLY:

Date Received ___/___/___ Member Level _____ Fee Paid \$ _____ Ck # _____