

ALABAMA SOCIETY FOR CLINICAL SOCIAL WORK
Membership Application and Renewal Form

Please check one: Application (New Members)
 Renewal

New applicants, please attach a copy of your resume' or C.V.

Name: _____

Title/Position: _____

Organization: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Preferred e-mail: _____

Please indicate which address you prefer to be listed in the directory and used in our mailing list.

Business Home

Renewing members only need to complete the following sections if there have been changes since 2006.

Current Licensure:

PIP: Date Earned _____ License # _____ State _____

LCSW: Date Earned _____ License # _____ State _____

LGSW: Date Earned _____ License # _____ State _____

Education:

Highest Degree _____ University _____

Clinical Specialties. (i.e. mood/eating disorders, infertility, etc.):

Clinical Populations (please circle): Children Adolescents Adults Geriatrics

Clinical Modalities (please circle): Individual Couple Group Family

Names and addresses of three professional references (new applicants only):

I affirm that I am currently licensed at the level(s) listed above (excluding students), and that the above information is accurate. I grant permission to the ACSW to verify information provided. I also give permission for the information indicated by an asterisk (*) to be published in the membership directory. I furthermore agree to abide by the CSWA Code of Ethics (which can be found at the website www.clinicalsocialworkassociation.org).

Signature _____ Date _____

Our organization's success in meeting the needs of Clinical Social Workers and those we serve depends upon our working together to educate and inform each individual member. Each member is encouraged to serve on one committee. Please indicate your area(s) of interest.

- Program/Educationhelping plan for one of our two annual conferences
- Legislative helping monitor legislative issues on state and/or national level
- Membership assisting with recruitment of new members
- Newsletter writing/editing, etc. - 3 issues/year
- Speaker's Bureau Maintaining list of speakers in your area; providing names and phone numbers when contacted for speaker requests
- Mentoring being available 1-2 hours per month via phone to provide support and guidance (not formal supervision) to a newly-licensed clinician. There is no charge for this service.

MEMBERSHIP CATEGORIES (Please check one)

AMOUNT DUE

- FULL:** MSW and/or DSW with the LCSW or actively pursuing Alabama LCSW (providing proof of license from another state). Must have at least two consecutive years of clinical experience. (Voting Member) \$100/yr _____
- ASSOCIATE:** MSW with LGSW with less than two years of clinical experience; presently employed in clinical position. (Voting Member) \$75/yr _____
- EMERITUS:** Have completed 25 years post-MSW clinical social work practice, or have attained the age of 60 and are essentially retired from active clinical social work practice (engaging in less than 300 hours of clinical social work practice per year). \$35/yr _____
- MEMBER IN TRAINING:** Any full-time student in a graduate (MSW) program pursuing a course of study in preparation for clinical practice. (Non-voting Member) \$25/yr _____

Please make checks payable to ASCSW.

TOTAL DUE: _____

Please check here if you are a newly licensed clinician and would like to work with a mentor.

Dues renewable annually

Please remit check and application/renewal to:

ASCSW

c/o Anne Shaw

1037 22nd Street S., Suite 200

Birmingham, AL 35205

Visit our website at: www.ascsw.org