



Texas Society for Clinical Social Work

Membership Application

Name		Credentials	
Office Address		Phone	
		Fax	
Home Address		Phone	
		Fax	
E-mail clearly		Cell Phone	

Preferred address and phone for TSCSW Membership Directory & Clinical Social Work Journal Home Office

DEGREE

Graduate Degree: _____ Year: _____ University: _____

Graduate Student: _____ Anticipate MSW degree: Month: _____ Year: _____

LICENSE

State: _____ License #: _____ Year: _____ Title: _____

PROFESSIONAL EXPERIENCE

Post-Master's: (Please include last five years of full-time experience, or it's equivalent)

Agency: _____ Address: _____ Hours per week: _____

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(if additional space is needed, please attach page)

BCD: yes no Reasons for joining TSCSW: _____

Committee Preferences : (Please check one or more that interest you) Governmental Affairs Mentorship Public Relations
 Professional Development/Education Professional Standards/Ethics Insurance/Managed Care Newsletter
 Schools of Social Work Liaison Membership Study Groups Call on me when you need help with something

MEMBERSHIP QUALIFICATIONS: (You must have all the criteria listed for your desired category)

General: 1. Master's or Doctorate from a School of Social Work approved by the Council on Social Work Education with a clinical sequence.

2. LCSW in the State of Texas.

Associate: 1. Master's or Doctorate from a School of Social Work approved by the Council on Social Work Education with a clinical sequence.

2. LMSW in the State of Texas.

Student: 1. Full time graduate student in a CSWE approved School of Social Work with a clinical sequence and field placement.

List clinical courses and field placement: _____

Retired: Retired from clinical practice. Date of retirement: _____

ANNUAL DUES (January 1st – December 31st of each calendar year)

General Member \$100.00 Associate Member \$85.00 Retired Member \$35.00 Student \$25.00

(The Clinical Social Work Journal can be ordered separately for \$40.00 for a one year's subscription)

I hereby apply for membership in the Texas Society for Clinical Social Work in the category of:

General Member Associate Member Retired Member Student

Enclosed is my check in the amount of \$_____. I affirm that I have read and completed this application and that to the best of my knowledge the foregoing statements are true. I affirm that I have never made application to a professional organization that has been denied or withdrawn due to a criminal or civil conviction and/or violation of ethical standards.

Signature _____ Date _____

Please send a copy of your current license renewal notice, fee, and application to:

Mary Heard, LCSW-BCD, 1635 N.E. Loop 410, Suite 901, San Antonio, TX 78209