

- VI Membership Level (Please circle one)
- Member/Fellow ... 170.00
- Student I (While in MSW training and for one year after MSW graduation)... 48.00
- Student II (2nd and 3rd year after MSW graduation and enrolled as a prior Student I)... 120.00 (renewal only)
- Sustaining (meeting all requirements of the Member/Fellow/Diplomate level- no income)... 30.00
- Affiliate (does not meet the requirements of Member, but supports the society)... 120.00
- Corresponding (Primary member of another Society for Clinical Social Work)... 65.00 Primary Organization _____
- Senior (70 years or older with 15 years of continuous membership with the society)... 100.00

VII To assist with recruitment, please explain why you are joining NYSSCSW and how you heard about us:

VIII Affirmation: I affirm that the information detailed here is a true account of my training and experience.
I agree to be bound by the NYSSCSW Code of Ethics.

Signature: _____ Date: _____

APPLICANTS APPLYING FOR FELLOW STATUS ONLY

A. Post-Master's Clinical Training: (indicate either a certification from an institute or details of 75 hours Post Master's coursework, not including workshops, seminars, or conferences.)

School	Address	Dates	Course or Certificate
1. _____			
2. _____			
3. _____			

B. Supervision: (Complete only if you do not have the "R" Credential from NYS)

Name	Institution or Professional Affiliation	Dates	Total # Hours
1. _____			
2. _____			
3. _____			

C. If you do not have the "R" or "BCD" have you had personal analysis or psychotherapy? Yes No

Date Begun	Date Ended	#Hours/Week
_____	_____	_____

ALL APPLICANTS

Please make checks payable to New York State Society for Clinical Social Work and mail with the completed form to
243 Fifth Ave., Suite 324, New York, NY 10016-8703

An application using a credit card (Visa or Mastercard) may be faxed to 1-718-785-9582.

Name on card: _____

Card number: _____ Expiration Date: _____

PLEASE MAIL COMPLETED FORM & PAYMENT TO ADDRESS AT TOP OF APPLICATION

FOR OFFICE USE ONLY:

MC _____ QB _____ LIST _____ NMK _____ CHPT _____

