



# MARYLAND SOCIETY FOR CLINICAL SOCIAL WORK, INC.

P.O. Box 47577 ~~~ Windsor Mill, MD 21244 ~~~ 410/298-3226 Phone/Fax

## MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
Last First M.I.

Credentials \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Address \_\_\_\_\_  
Street Suite No.  
City State Zip

Work Telephone \_(\_\_\_\_\_) \_\_\_\_\_ Home Telephone \_(\_\_\_\_\_) \_\_\_\_\_

Fax Number\_(\_\_\_\_\_) \_\_\_\_\_ Cell Phone\_(\_\_\_\_\_) \_\_\_\_\_

e-mail address \_\_\_\_\_

**Note:** If you want mail sent to an address other than the business address above, please provide it below:

### CHECK MEMBERSHIP CATEGORY AND PROVIDE INFORMATION REQUESTED [\(see criteria reverse side\)](#)

\_\_\_ **FULL (LCSW-C)**  
Maryland  
License No. \_\_\_\_\_  
**Submit copy of license & fee**

\_\_\_ **GRADUATE (LGSW)**  
License Exam Pending? \_\_\_\_\_  
**Submit copy of license & fee**

\_\_\_ **STUDENT**  
School \_\_\_\_\_  
**Month/Year Expected to Graduate** \_\_\_\_\_  
**Submit copy of student ID**

\_\_\_ **ASSOCIATE (LCSW & LSWA)**  
State of Social Work Licensure \_\_\_\_\_  
Member which other Society? \_\_\_\_\_  
**Submit copy of license & fee**

### IF YOU ARE INTERESTED IN WORKING ON A COMMITTEE PLEASE INDICATE BY CHECKING BELOW:

- |                 |                              |
|-----------------|------------------------------|
| ___ Ethics      | ___ Mentor/New Professionals |
| ___ Finance     | ___ Newsletter               |
| ___ Insurance   | ___ Nominating               |
| ___ Legislative | ___ Professional Development |
| ___ Membership  | ___ Public Relations         |
|                 | ___ Strategic Planning       |

\_\_\_ I am an LCSW-C and interested in becoming a Mentor. *(Obtain Mentor Application – download on website)*

\_\_\_ I am a student, recent graduate, new to the area, or re-entering the profession. I would like a Mentor. *(Obtain Mentee Application – download on website)*

How did you learn about the Society? \_\_\_\_\_

*Please Turn Over*

