



Texas Society for Clinical Social Work
Membership Renewal Application for 2012

To be listed in the 2012 Directory, please return by January 31, 2012.

Name: _____ Credentials: _____

Office Address: _____ Phone: _____

Home Address _____ Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Preferred address and phone for TSCSW Membership Directory: ___ Home ___ Office

Membership Category	___	General Member, LCSW	\$100.00
	___	Associate Member, LMSW	\$85.00
	___	Retired	\$35.00
	___	Full Time Graduate Student	\$25.00
	___	Legislative/Lobbyist/Legal (Suggested donation \$40)	\$___.00
	___	Scholarship Fund (Education/membership)	\$___.00

Total Enclosed: Payable to TSCSW \$___.00

___ *Clinical Social Work Journal* Subscription
(separate check, payable to TSCSW) \$ 42.00

___ Yes ___ No I am a current TSBSWE Supervisor and would like to be listed in the TSCSW Directory as one.

___ Yes ___ No I authorize being listed on TSCSW group emails for information/updates.

___ Yes ___ No I authorize my email address for public listing on the TSCSW web site.

Committees/Special Interests: ___ Legislative Issues ___ Liaison, School of Social Work ___ Local networking events ___ Membership ___ News ___ Public Relations ___ Study Groups ___ TSCSW Board of Directors ___ Assistance for Short Term Projects Contact

Carolyanking34@hotmail.com

Affirmation: By submitting this application, I agree to be bound by the CSWA Code of Ethics. I affirm that the above information is true, and I have met Texas licensure requirements.

Signature _____ Date _____

Please mail application and check to: Mary Ray Heard, LCSW, BCD
1635 NE Loop 410 #901
San Antonio, TX 78209