

**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 in the last year.***

**Current Licensure:**

PIP:                      Date Earned \_\_\_\_\_                      License # \_\_\_\_\_                      State \_\_\_\_\_

LCSW:                      Date Earned \_\_\_\_\_                      License # \_\_\_\_\_                      State \_\_\_\_\_

LGSW:                      Date Earned \_\_\_\_\_                      License # \_\_\_\_\_                      State \_\_\_\_\_

**Education:**

Highest Degree \_\_\_\_\_                      University \_\_\_\_\_

**CLINICAL SPECIALITIES\*** (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](http://www.clinicalsocialworkassociation.org)).

Signature \_\_\_\_\_

Date \_\_\_\_\_

**(PLEASE COMPLETE OTHER SIDE)**

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/Education** . . . . . *helping 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:** Retired from active clinical social work practice. (Voting Member) . . . . . **\$50/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. (see above)

**Dues renewable annually  
Make checks payable to ASCSW.  
Please remit check and application/renewal to:**

**ASCW  
c/o Anne Shaw  
1037 22<sup>nd</sup> Street S., Suite 200  
Birmingham, AL 35205**

Visit our website at: [www.ascsw.com](http://www.ascsw.com)