



Washington State Society for Clinical Social Work

Application for Membership 2008 -2009

Please note that **memberships expire in September**. All new members who join July 1st through August 31st will have their full membership dues carry through the next membership year. *New General and Associate Members who join March through June are entitled to a 50% pro-rated discount for the remainder of that membership year. All other membership categories are already discounted and are not pro-rated.*

Name	Professional Title	Gender
		<input type="checkbox"/> Female <input type="checkbox"/> Male

Mailing Address: Street	City	State	ZipCode

Home Phone	Business Phone
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Education: Graduate/Undergraduate Schools	Degree	Year
1.		
2.		
3.		

Employment: Private Practice/Agency	Dates in Practice
Private Practice Location	

Agency/Position	Dates Employed

Previous Employment: Private Practice/Agency	Dates Employed
1.	
2.	
3.	

Membership in Professional Organizations	Dates

Books and Articles Published

Please complete all pages of this application. Mail completed application to:
Theresa Rogers, WSSCSW,
P. O. Box 77264, Seattle, WA 98177. Phone (206) 548-1223
Please make your check payable to the
Washington State Society for Clinical Social Work.
THANK YOU.

<h2 style="margin: 0;">Categories for Membership</h2> <p style="margin: 0;">(Please Check One) – Criteria and Documenting Credentials:</p>	
<input type="checkbox"/> GENERAL MEMBERSHIP: Yearly Membership Dues \$135. Criteria: <ol style="list-style-type: none"> 1. Have met the highest statutory criteria to practice in the State of Washington. Attach a copy of your Washington State Licensure. 	
<input type="checkbox"/> ASSOCIATE MEMBERSHIP: Yearly Membership Dues \$135. Criteria: <ol style="list-style-type: none"> 1. Completed Master's or Doctoral Degree from an accredited School of Social Work. Attach diploma. 2. Registered in Washington State. Attach copy of registration. 3. Have not yet met the highest statutory criteria to practice in the State of Washington. 	
<input type="checkbox"/> NEW PROFESSIONAL MEMBERSHIP: Yearly Membership Dues: first 2 years post graduation \$70; years 3 & 4 \$95 Criteria: <ol style="list-style-type: none"> 1. Completed Master's or Doctoral degree from an accredited School of Social Work. Attach diploma. 2. Registered in Washington State. Attach copy of registration. 3. Actively working towards meeting the highest statutory criteria to practice in the State of Washington. 4. This category of membership expires 5 years post graduation. 	
<input type="checkbox"/> STUDENT: Yearly Membership Dues \$55. Criteria: <ol style="list-style-type: none"> 1. Must be currently enrolled in an accredited graduate Social Work program. Include registration. 2. Must be in a supervised clinical field placement/internship. List supervisor and field placement. 3. Students may serve on committees. <p>Current Supervisor: _____ Field Placement: _____</p>	
<input type="checkbox"/> EMERITUS MEMBERSHIP: Yearly Membership Dues \$55. Criteria: <ol style="list-style-type: none"> 1. Offered to retired Associate and General Members. 	
<input type="checkbox"/> OUT OF STATE MEMBERSHIP: Yearly Membership Dues \$55. Criteria: <ol style="list-style-type: none"> 1. Completed Master's or Doctoral Degree from an accredited School of Social Work. Attach transcript or Diploma. 2. Must live outside of the State of Washington. This includes all categories of membership. 	
<ul style="list-style-type: none"> • Have you ever been involved in situations where questions have been raised and/or actions have been taken in regard to your professional conduct? If yes, please explain on a separate piece of paper. <input type="checkbox"/> YES <input type="checkbox"/> NO • How did you learn of the WSSCSW? • The WSSCSW is interested in understanding why you would like to become a member of the WSSCSW and what you are looking for within the WSSCSW. Please write down your comments on an additional page and return with this application. ALSO INCLUDE: What clinical social work colleagues may we contact, upon your recommendation, with information about joining the WSSCSW? Please list name(s) and address(es). <p>MAY WE USE YOUR NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><i>I hereby apply for membership in the WSSCSW and grant permission for its officers and appropriate members to evaluate my credentials.</i></p>	
Signature	Date

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Membership Roster Information

Member Name:

Membership Category: (check one):	<input type="checkbox"/> General	<input type="checkbox"/> Associate	<input type="checkbox"/> New Professional
	<input type="checkbox"/> Student	<input type="checkbox"/> Emeritus	<input type="checkbox"/> Out-of-State

Home Phone Number (provided to members only):

Email:

Work Address

Agency Name (if applicable):

Street Address:

City:	State:	Zip:
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Phone:

Practice Codes (see below):	Location:
	Practice Focus:

This is my: Private Practice Agency setting Education

List on WSSCSW Website Roster? Yes No (if left blank you will *not* be listed)

If you wish a second work location listed in the roster:

Name (if agency):

Street Address:

City:	State:	Zip:
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Phone:

Practice Codes (see below):	Location:
	Practice Focus:

This is my: Private practice Agency setting Education

List on WSSCSW Website Roster? Yes No (if left blank you will *not* be listed)

Professional Credentials:

LICSW LASW ACSW BCD NASW QCSW NASW Diplomate

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Bilingual Services? If so, list which language(s):		
Practice Codes:		
Location		
DO Downtown/Central Seattle	SS South Snohomish County	
NS North Seattle	EV Everett	
WS West Seattle	TA Tacoma	
EK East King County	OL Olympia	
SK South King County	OT Other	
Practice Focus		
AD Adults	CP Couples	GR Groups
AC Adolescents	FA Families	CH Children
EL Elderly	CC Clinical Consultation	BC Consultation to business
PSA Psychoanalysis	MI Mother-infant psychology	DD Developmentally Disabled
CBT Cognitive Behavioral Therapy		

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