



Membership Application

TEL (908) 686-8011

www.njscsw.org

please complete entire application

MEMBERSHIP CATEGORIES

► Please print clearly

Name _____
First MI Last

Address _____

City _____

State _____ Zip Code _____

Work Phone () _____

Home Phone () _____

Email _____
(for correspondence with NJSCSW board)

► Designated by NJ as a Supervisor

► Current LCSW license? YES NO

LCSW Member \$246 \$ _____

LSW / MSW Member \$117 _____

Corresponding Member \$75 \$ _____

List state of primary clinical society membership:
(must be a **paid** member of another state society) _____

Student Member \$48 \$ _____
(recent graduates may use student rate 1 yr after graduating)

Sustaining/Retired Member \$75 \$ _____
practicing LCSWs not eligible for this category

Social Work Affiliate \$75 \$ _____
entitled to email listserv only
practicing LCSWs not eligible for this category

Optional donation for lobbying efforts \$ _____
(please note: donations are not tax deductible)

TOTAL DUE _____ \$ _____

Add name to online directory? YES NO email: _____
directory email (may be different than above email)

Add name to e-mail listserv? YES NO email: _____
listserv email (may be different than above email)

** If you are interested in receiving the Clinical Social Work Journal,
please email Jan Alderisio at jan@1destin.com

Make check payable to **NJSCSW**
send completed membership application with payment to:
PO Box 371, Oakland, NJ 07436
or register online using PayPal at www.njscsw.org

Attestation

I hereby affirm to the best of my knowledge that the information provided is true, correct and complete. I further declare that I have never been convicted of malpractice and am not currently under investigation for charges of malpractice and pledge to abide by the Code of Ethics of the Clinical Social Work Federation.

Signature _____

Date _____

LCSW Member

- Master's degree or doctorate degree from an accredited school of social work with clinical sequence.
- LCSW

LSW / MSW Member

- LSW or MSW in the process of meeting the criteria for LCSW membership.

Corresponding Member

- Open to paid members of Clinical Social Work Societies in other states. All rights and privileges of membership except voting rights and holding office.

Student Member

- Students enrolled in a Master's program in an accredited school of social work with a concentration in clinical social work. Doctoral level students who are practicing LCSWs are not eligible for this category.

Sustaining/Retired Member

- Any person who applies for membership while not currently engaged in the practice of clinical social work who otherwise qualifies for membership. Practicing LCSWs are not eligible for this category

Social Work Affiliates

- Open to other professionals, entitled to listserv only. Practicing LCSWs are not eligible for this category