

Sustaining (meeting all requirements of the Member/Fellow/Diplomate level- no income)...30.00

Affiliate (does not meet the requirements of Member, but supports the society)...120.00

Corresponding (Primary member of another Society for Clinical Social Work)...65.00

Senior (70 years or older with 15 years of continuous membership with the society)...100.00

VII To assist with recruitment, please explain why you are joining NYSSCSW and how you heard about us:

VIII **Affirmation:** I affirm that the information detailed here is a true account of my training and experience.
I agree to be bound by the NYSSCSW Code of Ethics.

Signature: _____ Date: _____

APPLICANTS APPLYING FOR FELLOW STATUS ONLY

A. **Post-Master's Clinical Training:** (indicate either a certification from an institute or details of 75 hours Post Master's coursework, not including workshops, seminars, or conferences.)

School	Address	Dates	Course or Certificate
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

B. **Supervision:** (Complete only if you do not have the "R" Credential from NYS)

Name	Institution or Professional Affiliation	Dates	Total # Hours
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

C. If you do not have the "R" or "BCD" have you had personal analysis or psychotherapy? Yes No

Date Begun	Date Ended	#Hours/Week
_____	_____	_____

ALL APPLICANTS

**Please make checks payable to New York State Society for Clinical Social Work and mail with the completed form to
243 Fifth Ave., Suite 324, New York, NY 10016-8703**

An application using a credit card (Visa or Mastercard) may be faxed to 1-718-785-9582.

Name on card: _____

Card number: _____ **Expiration Date:** _____

PLEASE MAIL COMPLETED FORM & PAYMENT TO ADDRESS AT TOP OF APPLICATION

FOR OFFICE USE ONLY:

MC_____ QB_____ LIST_____ NMK_____ CHPT_____