



New York State Society for Clinical Social Work, Inc.

55 Harristown Rd, Suite 106

Glen Rock, NJ 07452

Tel: (800) 288-4279; Email: info.nysscsw@gmail.com; Fax: (718) 785-9582

Website: www.nysscsw.org; Facebook: www.facebook.com/NYSSCSW/info

STUDENT MEMBERSHIP APPLICATION

Name: _____ D.O.B: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Other Address: _____ Phone: _____

Please check Preferred Mailing Address: Home Other

School: _____

Major: _____

Expected date of graduation: _____

Chapter Affiliation: Please check one:

(Applicant will be placed on Mailing List/List Serve for Selected Chapter)

- | | | |
|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Metropolitan (Manhattan & Bronx) | <input type="checkbox"/> Mid-Hudson | <input type="checkbox"/> Queens |
| <input type="checkbox"/> Nassau | <input type="checkbox"/> Rockland | <input type="checkbox"/> Suffolk |
| <input type="checkbox"/> Staten Island | <input type="checkbox"/> Westchester | |

Membership Fee

1 Year Student Rate

\$48.00

(Rate applies while in school as well as for 1 year after graduation)

ALL APPLICANTS

Please make checks payable to New York State Society for Clinical Social Work and mail with the completed form to:

**New York State Society for Clinical Social Work
55 Harristown Rd, Suite 106
Glen Rock, NJ 07452**

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

Name on card: _____

Card number: _____ Expiration Date: _____

Billing address zip code: _____ CVV: _____

On-line membership form available at: <http://www.nysscsw.org/benefits-of-membership>


