



# **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](mailto:info.nysscsw@gmail.com); Fax: (718) 785-9582

Website: [www.nysscsw.org](http://www.nysscsw.org); Facebook: [www.facebook.com/NYSSCSW/info](http://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)

- Long Island       Metropolitan (Manhattan & Bronx)       Mid-Hudson       Queens  
 Rochester       Rockland       Staten Island       Westchester

### **Membership Fee**

1 Year Student Rate

\$48.00

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

**Please check any ADDITIONAL listservs you would like to be added to – Please note EACH addition is \$25 per listserv**

- LONG ISLAND       METROPOLITAN       MID HUDSON       QUEENS  
 ROCHESTER       ROCKLAND       STATEN ISLAND       WESTCHESTER

### **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: <https://nysscsw.memberclicks.net/studentapp2024>**