



## **New York State Society for Clinical Social Work, Inc.**

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### **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:** \_\_\_\_\_

**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

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: \_\_\_\_\_

Billing address zip code: \_\_\_\_\_

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