

North Carolina Society for Clinical Social Work  
PO Box 30006  
Raleigh, NC 27622-0006

919-850-3328



[admin@ncscsw.org](mailto:admin@ncscsw.org)

This is your membership renewal form for 2009-2010. Thanks in advance for helping to keep our records updated by filling out the information below. **Please review data and make any changes or fill in areas left blank.** Thank you.

Name \_\_\_\_\_ Title (LCSW, etc) \_\_\_\_\_

Mailing Address:

City State Zip

*Information below is for communication, referral and directory purposes - for member / association use.*

Work Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from address above)

Work Phone: \_\_\_\_\_ or Preferred phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

I am currently receiving emails from the society  Yes  No (update address on email line above-MUST BE LEGIBLE)  
 I would like to be included in online directory  Yes  No  
 I would like to be included in hardcopy directory  Yes  No (both directories will only use work information)

Population areas:  Adult  Adolescents  Children  Geriatric  Medical  Couples  Family

Groups(s): specify focus or population:

Specialties (specify): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Modalities (ie CBT, EMDR, DBT, Hypnosis, etc): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I would like a consultation on setting up a website or  other marketing opportunities.

Annual Dues (reduced by member vote)

Full \$100.00 Transitional (LCSW-P) \$75.00 Student / retired / unemployed \$35.00

For **FULL members:**

Yes, I am currently licensed as an LCSW in North Carolina. If not, please explain:

For **TRANSITIONAL members:**

I am currently licensed as an LCSW-P in North Carolina If not, please explain:

**Volunteer Opportunities**

NCSCSW activities are planned and implemented by the membership with assistance from a part-time administrator. Indicate your areas of participation. Programs  Peer Groups  Newsletter  Membership  Insurance  Advocacy  Ethics  Student Treatment  Mentoring  Supervision  Awards

**Insurance Panels**

Please indicate insurance panels you are in – for referral and next directory.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Other:

**Thanks for your support of the Society! We look forward to hearing from you.**