

North Carolina Society for Clinical Social Work

PO Box 30006

Raleigh, NC 27622-0006

919-850-3328 admin@ncscsw.org www.ncscsw.org

2010-2011 Annual Renewal



Name _____ Title (LCSW, etc) _____
Address _____
City _____ State _____ Zip _____

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

Work Address:
(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)
 Unless you opt out, you will be included in online directory No do not include me
 Unless you opt out, you will be included in hardcopy directory No do not include me
(both directories will use work information)

Population areas: Adult Adolescents Children Geriatric Medical Couples Family

Groups(s): specify focus or population:

Specialties (list up to 3):

Modalities (ie CBT, EMDR, DBT, Hypnosis, etc)

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

For **FULL members:** I am currently licensed as an LCSW in NC. If not, please explain (use back):
For **TRANSITIONAL members:** I am currently licensed as an LCSW-P in NC If not, please explain

Volunteer Opportunities

NCSCSW activities are planned and implemented by volunteers with assistance from a part-time administrator.

Indicate areas of interest to you. 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. _____