

Northern Ohio Clinical Social Work Society

MEMBERSHIP APPLICATION

All applicants who meet membership criteria are accepted without discrimination as to age, race, gender, disability, sexual preference, or national origin.

Ms./Mrs./Dr./Mr. NAME: _____ LICENSE TYPE: _____ DEGREE: _____

Please include my information in the members-only directory. Yes No
Our list is never shared beyond the membership.

PRIMARY ADDRESS* Home Office Other SECONDARY ADDRESS Home Office Other

*All snail mail will go to your primary address.

Home Ph. _____ Office Ph. _____ Ext. _____

Other Ph. _____ Email _____

NOTE: Communication to members is primarily via email. If you do not have email, we will make accommodations.

JOB TITLE: _____ AGENCY/AFFILIATION: _____

STUDENT: Yes No If yes, list school/degree: _____

PROFESSIONAL SPECIALTIES: _____

COMMUNITY INVOLVEMENTS: _____

How did you hear about the Society? _____

I want to help! Please contact me about leadership and committee opportunities within NOCSWS. Yes No

I'm interested in: Newsletter CEU Programming Student Outreach Membership Exec. Board

Are you currently or have you ever been investigated, reprimanded, or otherwise disciplined by any state or federal licensing agency or by any professional organization? Yes* No *If yes, please explain in writing.*

I affirm that I meet the qualifications listed below for the _____ membership category. I have read and completed this application. I affirm that the foregoing information is true to the best of my knowledge. I understand that providing false information may result in termination of membership by NOCSWS.

(Signed) _____ Date: _____

- Please attach:
1. Copy of current license
 2. Resume or curriculum vitae
 3. Check made out to Northern Ohio Clinical Social Work Society (see box below for dues rates)

MEMBERSHIP CATEGORIES

NOTE: Our membership year is not a calendar year; it runs July 1st to June 30th.

Full (\$95)* - LISW (after February 1st prorated dues are \$50)

Emeritus (\$35) - Practicing LISW for 25+ years

Associate (\$65) - LSW, with Master's Degree and working toward LISW (after Feb. 1st prorated dues are \$35)

Affiliate (\$65) - Psychologists, LPCCs, Marriage & Family Therapists, Analysts, etc. (after Feb. 1st prorated dues are \$35)

Student (\$15) - Proof of current enrollment in masters program required

* A discounted rate (\$35) is available to LISWs working <300 hrs per year.

MAIL COMPLETED APPLICATION TO: NOCSWS • PO Box 202322 • Shaker Heights OH • 44120

Questions? Visit www.nocsws.org or call Ms. Betty Salomon 216/751-0587.