

**MS** MARYLAND SOCIETY FOR  
**CSW** CLINICAL SOCIAL WORK, INC.

Please refer to your Directory to review your personal listing. Check this information carefully and add new/changed information in the appropriate spaces on the reverse side. If you were not listed in the last edition, be sure to complete the reverse side. Absent any instructions from you, information from your last listing or your original application will be used. The Directory is included with your paid membership and is distributed via email.

*I want to be involved in the following committee(s):*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Insurance        | <input type="checkbox"/> Internet Technology | <input type="checkbox"/> Legislative              |
| <input type="checkbox"/> Membership       | <input type="checkbox"/> Newsletter          | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Special Events      | <input type="checkbox"/> Young Professionals      |

YOUR PRESENT MEMBERSHIP CATEGORY			
<input type="checkbox"/> Full	Annual Dues	\$195	
<input type="checkbox"/> Graduate	Annual Dues	\$100	(Credentials changed? Contact the office.)
<input type="checkbox"/> Associate	Annual Dues	\$100	
<input type="checkbox"/> Student	Annual Dues	Free	(Graduated? Contact the office or submit current student ID.)
<input type="checkbox"/> Emeritus/Retired	Annual Dues	\$ 75	
	New Member Credit		(_____)
	Mentor Credit		(_____)
	<i>Amount Due Now:</i>	\$	_____
<b><u>With this remittance, your dues are paid to May 31, 2011.</u></b>			
34% of Society dues are a non-deductible lobby expense.			

**Remittance: Return this entire form with your payment. Save postage – renew at [www.msosw.org](http://www.msosw.org). Pay with Visa, MasterCard, or Discover using secure online credit card processing.**

I wish to make an additional tax-deductible contribution:

- Scholarship Campaign \_\_\_\_\_
- Legislative Fund \_\_\_\_\_

TOTAL AMOUNT: \$ \_\_\_\_\_

- Check enclosed; payable to MSCSW
- Charge to my credit card       Visa       MasterCard       Discover

\_\_\_\_\_ Card Number      \_\_\_\_\_ Exp. Date      \_\_\_\_\_ 3-digit cvv # - card backside in signature panel

**ON LINE REFERRAL SERVICE INFORMATION**

Name \_\_\_\_\_

Professional License & Certifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Practice Name \_\_\_\_\_

Business Address \_\_\_\_\_

City/Zip

Zipcodes/areas in close proximity \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

Website \_\_\_\_\_

Second office \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Zipcodes/areas in close proximity \_\_\_\_\_

**AREAS OF PRACTICE/SPECIALTIES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MODALITIES**

\_\_\_ Individual \_\_\_ Couple \_\_\_ Family \_\_\_ Group \_\_\_ Other \_\_\_\_\_

describe

**AGES SERVED**

\_\_\_ infant and child (to age \_\_\_) \_\_\_ adolescent \_\_\_ young adult \_\_\_ adult \_\_\_ geriatric

**INSURANCE PANELS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest that I have a current license and liability insurance \_\_\_\_\_ (Initial here)