



*The national voice of the profession, guardian of its values, and champion of its rights*

### **Membership Form.**

The **Center for Clinical Social Work** is a national organization for all clinical social workers, in all practice settings and all levels of professional development. Its *National Bill of Rights for Clinical Social Workers* is the basis for the Center's education and advocacy. The not-for-profit Center is committed to serving your interests and fighting for your rights as a professional.

**Please print clearly.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Suite/Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Social Work School:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

#### **A. Please select the membership level that applies to you:**

Annual membership is \$115 \_\_\_\_\_

Affiliate membership is \$95 \_\_\_\_\_ (for members of [Center-affiliated clinical state societies.](#))

BCD certified advanced practitioner is \$75 \_\_\_\_\_

Entry-level practitioner (the two-year period post-master's) is \$25 \_\_\_\_\_

Students may join gratis \_\_\_\_\_

#### **B. Payment Information.**

**Payment Method:** AMEX    VISA    MC

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**If paying by check, please make it payable to Center for Clinical Social Work.**

**C. All members of the Center must attest to the [Code of Ethics.](#) The submission of this Membership Form attests to your subscribing to our professional Code of Ethics.**

**D. Please mail, or fax 1-800-694-7882, this Membership Form to:**

**Center for Clinical Social Work, Shetland Park 27 Congress Street #501, Salem, MA 01970**

**Questions? 1-800-694-5285 x 17**

**Thank you!**