

PRIOR WORK AFFILIATIONS:

employer:

location:

dates:

_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL AFFILIATIONS: (include other social work organizations)

organization:

offices held:

member since:

_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES (new applicants only):

name:

title:

phone:

_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL AREAS OF PRACTICE AND/OR INTEREST:

- | | |
|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Individual psychotherapy | <input type="checkbox"/> Family therapy |
| <input type="checkbox"/> Group | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Child and adolescent treatment | <input type="checkbox"/> Couples |
| <input type="checkbox"/> Women's issues | <input type="checkbox"/> Gay and Lesbian issues |
| <input type="checkbox"/> Minority issues | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Preventive programs & services | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Other _____ | |

I WOULD LIKE TO PRESENT IN THESE AREA(S) AT A FUTURE CSWA-S MEETING.

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING CSWA-S AREAS:

- | | |
|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Program committee | <input type="checkbox"/> Professional development |
| <input type="checkbox"/> Legislative issues | <input type="checkbox"/> Annual conference planning |
| <input type="checkbox"/> Social activities | <input type="checkbox"/> Technology assistance |
| <input type="checkbox"/> Other _____ | |

Please return to:

THE CLINICAL SOCIAL WORK ASSOCIATION OF SAVANNAH (CSWA-S)

ATTN: MEMBERSHIP

P.O. Box 13930

Savannah, GA 31416

PLEASE ENCLOSE ANNUAL MEMBERSHIP FEE OF \$30

MSW students can join at \$10 per year.

CSWA-S Membership is from January to December. CSWA-S does not prorate the membership fee.

A \$10 penalty will be assessed for late renewal of dues (after March 31st). Dues paid after November 1st will be applied to the next calendar year.