

Ohio River Valley Clinical Social Work Society  
Membership Application

Name \_\_\_\_\_ Title: Mr., Mrs., Ms., Miss

Work Title/Position \_\_\_\_\_

Preferred Email \_\_\_\_\_

Organization \_\_\_\_\_

Work address \_\_\_\_\_

Home address \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Preferred mailing address** for ORVCSWS use:     Work     Home

State(s) of licensure \_\_\_\_\_ License # \_\_\_\_\_

Level of licensure \_\_\_\_\_

Other credentials, licenses, and certifications held: \_\_\_\_\_

Agency or     Private Practice

Practice modality or special interests (to be included in membership directory):  
\_\_\_\_\_

**Describe your current practice and education:** ( school, degree/s, year, may attach resume)  
\_\_\_\_\_  
\_\_\_\_\_

**Student:** Expected graduation date: \_\_\_\_\_

**Category of membership** applied for: (check one)                      Yearly dues amount

**Full Member** (MSW or PhD and over 2 years experience)                      \$60

- Associate** Member (MSW with less than 2 years experience) \$45
- Inactive** Member (less than 300 hours practice/ year) \$35
- Emeritus** Status (“Inactive”; practiced 25+ years) \$35
- Contributing Affiliate** (professional interest in ORVCSWS) \$35
- Student** Member (currently enrolled in accredited MSW program) \$25  
(Applications received from January 1 thru June 30 will be half the full year amount.)

**Every member** is encouraged to serve on a committee. Please indicate interest(s):

Website Maintenance     Educational Programming

Clinical Study Group     Membership

I hereby apply for membership in the Ohio River Valley Clinical Social Work Society in the above category. Enclosed is my check in the amount of \$\_\_\_\_\_ made out to ORVCSWS.

I affirm that I have read and completed this application and that the foregoing statements are true as stated.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

All applicants who meet the criteria for membership are accepted without discrimination as to age, race, religion, sex, sexual preference or national origin.

Mail application and check to:

Debbie Benedict  
 ORVCSWS Membership Chair  
 216 Norman Lane  
 Lebanon, OH 45036  
 Home: (513) 932-0131

[rdbenedict@go-concepts.com](mailto:rdbenedict@go-concepts.com)

10/1/06