



Illinois Society for Clinical Social Work

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Membership Dues Form 2008

Please check category and return with payment (checks payable to ISCSW).

Table with 3 columns: Membership Category, Amount, and Payment Line. Categories include Fellow Member, General Member Full Year, First Time General Member, Additional Family Member (General and Fellow), Affiliate Member, Associate Member, Emeritus Member, and Student Member. A TOTAL row is at the bottom.

Yes, I give permission to include information on the website member directory. List any other information you may wish to be added to the website.

Consider becoming active in the Society by participating in one of the following committees:

- Checkboxes for: Education - Sunday Seminars, Education - Spring Conference, Cultural Competency Committee, Professional Standards & Inquiry, Legislation, Public Relations, Membership, Newsletter, Special Events/Information, New Professionals.

I agree to abide by the Code of Ethics, By-Laws and Adjudication Procedures of the Illinois Society for Clinical Social Work.

Signature _____ Date _____

Printed name: _____ Email Address: _____

Work Address: _____ Phone (O) _____

Private Practice: _____ Phone (PP) _____

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