



MEMBERSHIP APPLICATION
(Due annually by January 31st)

PLEASE PRINT CLEARLY or TYPE

Name _____ Credentials _____

Preferred phone _____

Preferred address _____

Email address * _____
(*important to keep updated as most of our correspondence is via e-mail)

I authorize my e-mail address to be on:

- 1) TSCSW group emails ___Yes ___ No 2) TSCSW web site ___Yes ___ No

MEMBERSHIP CATEGORIES:
___ LCSW (General) \$125.00 ___ Retired /student \$35.00
___ LMSW (Associate) \$85.00 ___ Scholarship Fund ___
___ Lobbyist donation \$50.00 recommended
TOTAL _____ (Due January 31st) Payable to "TSCSW"

Please contact jhseguin@aol.com if you would like to assist TSCSW with:
___ Conferences ___ Membership ___ Networking events ___ Professional Development
___ Public Relations ___ Study Groups ___ Short-term projects ___ Other _____

___Yes ___No I am a current TSBSWE supervisor & want to be listed as such in the TSCSW Membership Directory

Affirmation: I have met Texas license requirements and follow the CSWA Code of Ethics.
Signature _____ Date _____

Mail to: Carolyn King, LCSW, 2362 Windmill Way, San Antonio, TX 78232 or join online at www.txscsw.com.