



# Idaho Society for Clinical Social Work

P.O. Box 7722    ♦    Boise, ID 83707

## Membership Application

Date: \_\_\_\_\_

Please Check One: \_\_\_\_\_ New Member    \_\_\_\_\_ Renewing Member (Renew on July 1 yearly)

Name (please print): \_\_\_\_\_

Preferred Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred E-mail address: \_\_\_\_\_

Employment (position and location): \_\_\_\_\_

Degree/Certification (include license number): \_\_\_\_\_

Please indicate the type of membership:

\_\_\_\_\_ Student Membership: \$15/yr

\_\_\_\_\_ Licensed MSW: \$25/yr

\_\_\_\_\_ Licensed CSW: \$50/yr

\_\_\_\_\_ Retiree: \$50/yr or Lifetime Membership: \$300

I would like more information about participating in the ISCSW in the following areas:

\_\_\_\_\_ Elected Office (President, President-Elect, Secretary, Treasurer, Historian, Member-at-large, etc.)

\_\_\_\_\_ Serving on a committee (Chair, co-chair, member e.g. Quarterly Program, Annual Conference)

Contact: Kelly Victorine, LMSW - Membership Chair - (208) 407-8903 - [kvictorine@q.com](mailto:kvictorine@q.com)

ISCSW use only:

Welcome call: \_\_\_\_\_ President Welcome: \_\_\_\_\_ Welcome letter/Certificate: \_\_\_\_\_

Notes: