

# LOUISIANA ASSOCIATION OF CLINICAL SOCIAL WORKERS

## PROFESSIONAL MEMBERSHIP AND REFERRAL DIRECTORY INFORMATION

MEMBERSHIP YEAR: July 1, 2010 to June 30, 2011

**IDENTIFYING INFORMATION:** Please list the information you wish to be used in the Membership Referral Directory for members and the public and as a marketing tool for approaching managed care companies.

NAME: \_\_\_\_\_  
(Last, First, Middle Initial or Nickname) – Please Print

CREDENTIALS: (Please circle all that apply)      **GSW**      **LCSW**      **Diplomate**      **Bd. Approved Supervisor**

OTHER CERTIFICATIONS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(Street, City, State, Zip)

MAILING ADDRESS: \_\_\_\_\_

*if different from above* (Street, City, State, Zip)

E-MAIL: \_\_\_\_\_ Website: \_\_\_\_\_ OFFICE PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ HOME PHONE : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ List Home In Directory: Yes No

How do you prefer to be contacted?    \_\_\_ Mail    \_\_\_ Fax    \_\_\_ Email    \_\_\_ Office Phone    \_\_\_ Home Phone    \_\_\_ Any listed

**LEGISLATIVE INFORMATION:** Please use your Voter Registration Card to complete the following:

State Senator: \_\_\_\_\_ Senator District Number: \_\_\_\_\_

Representative: \_\_\_\_\_ Representative District Number: \_\_\_\_\_

**MEMBERSHIP DUES:** Please make payable to **LACSW c/o Myra Hidalgo, Treasurer,**  
**1407 Louisiana Ave., New Orleans, LA 70115**

	New	Renewal		
_____ Student Membership	_____	_____	\$ 20.00	\$ _____ Ck # _____
_____ GSW/MSW Membership	_____	_____	\$ 75.00	\$ _____ Ck # _____
_____ LCSW Membership	_____	_____	\$195.00	\$ _____ Ck # _____
_____ Retired Membership	_____	_____	\$ 50.00	\$ _____ Ck # _____
_____ Agency/Corp. Membership	_____	_____	\$300.00	\$ _____ Ck # _____

**CONTRIBUTIONS:**

\_\_\_\_\_ Clin-Pac (Political Action Committee) – Please make payable to Clin-Pac      \$ \_\_\_\_\_ Ck # \_\_\_\_\_

\_\_\_\_\_ Donation For Lobbying Efforts – Please make payable to LACSW      \$ \_\_\_\_\_ Ck # \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Credit Card:     Visa     Mastercard

Account # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

Group Name or Place of Employment: \_\_\_\_\_

Practice Setting:    \_\_\_ Private Practice    \_\_\_ Agency Setting    \_\_\_ In Patient    \_\_\_ Clinic    Consultation Services: Yes No

Work Schedule:    \_\_\_ Full-Time    \_\_\_ Part-Time    \_\_\_ Days    \_\_\_ Evenings    \_\_\_ Saturdays

Populations:    \_\_\_ Children    \_\_\_ Adolescents    \_\_\_ Adults    \_\_\_ Geriatric

Cultural Issues:    \_\_\_ African American    \_\_\_ Asians    \_\_\_ Hispanics

Modalities:    \_\_\_ Individual Therapy    \_\_\_ Couple Therapy    \_\_\_ Group Therapy    \_\_\_ Family Therapy

Specialty Groups: \_\_\_\_\_ Therapeutic Models: \_\_\_\_\_

Please list clinical specializations (Maximum 6):

Are you interested in participating in the Speaker's Bureau?    \_\_\_    If yes, please list topics below:

**Check with your C.P.A. for your particular tax situation regarding business expense deductions. Dues used for lobbying are not tax deductible. The LACSW uses the vast majority of dues every year for legislative lobbying expense in order to protect your vendorship law and the Licensed Clinical Social Work credential. We are an all volunteer organization here to protect your profession. Please join! Thank you!**