

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!