

**Ohio River Valley Clinical Social Work Society
Annual Membership Renewal
(July 1, 2006-June 30, 2007)**

Name _____

Work Title/Position _____

Preferred Email Address _____

Organization, Group, or Private Practice

Work Address _____

Home Address _____

Work phone _____ Home phone _____

Preferred mailing address for ORVCSWS use: Work Home

Please choose a category of ORVCSWS Membership:

- | | |
|--|-------------|
| <input type="checkbox"/> Full Member (MSW and over 2 years experience) | \$60 |
| <input type="checkbox"/> Associate Member (MSW with less than 2 years experience) | \$45 |
| <input type="checkbox"/> Inactive Member (less than 300 hours practice/year) | \$35 |
| <input type="checkbox"/> Emeritus Status (Inactive, practiced 25+ years) | \$35 |
| <input type="checkbox"/> Contributing Affiliate* (professional interest in ORVCSWS) | \$25 |
| <input type="checkbox"/> Student Affiliate* (currently enrolled in accredited MSW program) | \$25 |

(applications received from Jan. 1 thru June 30 will be half the full year amount.)

Do you have a valid license? _____

(*NOTE: Affiliates may not vote or hold office. All affiliates shall receive the mailings and, at the discretion of the Board, shall be able to participate on committees and attend events at a reduced cost.)

Committee participation is encouraged. Please indicate interest(s):

- Mentorship Program Website Maintenance Educational Programming
 Clinical Study Group Membership Other _____

SIGNATURE _____ DATE _____

Mail application and check by June 20, 2006 to:

Debbie Benedict (513) 932-0131 rdbenedict@go-concepts.com
ORVCSWS Membership Chair

216 Norman Lane
Lebanon, OH 45036

5-7-07

