

LOUISIANA ASSOCIATION OF CLINICAL SOCIAL WORKERS

PROFESSIONAL MEMBERSHIP AND REFERRAL DIRECTORY INFORMATION

MEMBERSHIP YEAR: July 1, 2015 to June 30, 2016

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. If you want to be listed in the on-line Membership Directory you must go on-line and create an account at LACSW.org.

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

CREDENTIALS: (Please check all that apply) _____ LMSW _____ LCSW _____ Diplomat _____ 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

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

	New or Renewal	Dues	Check #	Amount
____ Student Membership	_____	\$ 20.00	_____	_____
____ LMSW Membership	_____	\$ 75.00	_____	_____
____ LCSW Membership	_____	\$ 195.00	_____	_____
____ Retired Membership	_____	\$ 50.00	_____	_____
____ Agency/Corp. Membership	_____	\$ 300.00	_____	_____
____ Donation for Lobbying Efforts (payable to LACSW)	_____		_____	_____

Total Amount Enclosed or Authorized to Charge: _____

Credit Card Type: Visa MasterCard

Account # _____ **Exp. Date** ____ / ____ **Signature** _____

Name on Card and Zip Code (if different from above) _____

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: _____

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!