

Mississippi Conference on Social Welfare (MCSW) Annual Membership Form

Please Print the Following Information:

Member's Name: _____ Date of Application: _____

Mailing Address: _____

Agency Affiliation/ Company/ Status: _____

Email Address: _____ Phone #: _____

(Based on our organizational structure, physical/ mailing addresses are requested in order to be able to determine the respective District in which a member resides).

MCSW Membership Type: (Please check the appropriate membership category)

- Full Individual Membership \$ 50.00
- Student (Full-Time) Membership* \$ 20.00

Total Fees Submitted \$ _____

Payment Method:

Online: _____ Check #: _____ Money Order: _____

Please use one of the above methods to submit payment for membership. Please use one membership form per annual membership dues submittal. If paying by check or money order, membership should be sent to the following address: **Mississippi Conference on Social Welfare (MCSW), Attn: Membership Committee, 1636 Poppo Ferry Road, #229, Biloxi, MS 39532.** Memberships are highly recommended to be submitted five (5) days prior to a member being considered eligible to register to attend a District MCSW workshop/conference offering.

*** Student Membership will be verified through submission of a copy of a current valid school ID.**

**** Please note: Members are asked to use the name listed on their respective state professional license to ensure proper accounting of continued education hours earned during the calendar year for which the annual membership fee is being submitted.**

If you have further questions, please contact us through our email address: www.mymcsw.org . We will try to get back to you as soon as possible.

Welcome Aboard! *(Recruited by Kathy Burk)*