

Registration No. : \_\_\_\_\_

**Part 1 : Personal Information (Please complete in *English*)**

Name 姓名(English 英文)	Dr./Mr./Mrs./Ms.		
	(Surname)	(First Name)	
Name 姓名(Chinese 中文)	(姓)	(名)	博士/先生/女士/小姐
Mailing Address 通訊地址			
Name of Organization 工作機構			
Position / Title 職稱			
Telephone Number 電話	(Off.)	(Hm.)	(Mob.)
Email Address 電郵地址			
Fax 傳真號碼			

**Remarks :**

1) Annual Fee for registration renewal:

- HK\$500.- for renewal on or before 30 June.
- HK\$750.- for renewal from 1 July to 30 September.
- HK\$1,000.- for renewal from 1 October to 31 December.

2) Please make cheque payable to “[Asian Professional Counselling Association \(H.K.\) Limited](#)” or bank in (Hong Kong Bank 808-021620-292) and mail the cheque or payment slip together with this form to [Asian Professional Counselling Association \(H.K.\) Limited, Department of Counselling and Psychology, Hong Kong Shue Yan University, 10 Wai Tsui Crescent, Braemar Hill Road, North Point, Hong Kong, C/O Ms. LEE, Wing-sze Cecilia](#). **No cash payment will be accepted.**

3) For further information, please visit our website [www.apca-counselling.com](http://www.apca-counselling.com) or enquire at **25707110 (ext. 326)** during our office hour from 9:00am-6:00pm.

4)

5) The registration year is from 1 January to 31 December.

Signature 簽署 : \_\_\_\_\_

Date of Application 申請日期 : \_\_\_\_\_

OFFICE USE ONLY

Cheque: \_\_\_\_\_ ATM: \_\_\_\_\_ Rcpt: \_\_\_\_\_ Staff: \_\_\_\_\_ Remarks: \_\_\_\_\_ Date: \_\_\_\_\_