

New application 新會員 Renewal 更新會籍 Membership No.: _____

Part 1 : Personal Information (Please fill in all of the information in English)

(updated)

31/08/2011)

Name 姓名(English 英文)	Prof./Dr./Mr./Mrs/Ms.		
	(Surname)	(First Name)	
Name 姓名(Chinese 中文)	(姓)	(名)	教授/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			

Part 2 : Education

Qualification 學歷	Major 主修	Institute 學院	Date Awarded 獲取日期

Part 3 : Professional Experience

Organization 機構	Country/Region 國家/地區	Position 職位	Nature 性質	Date 日期	
				From 由	To 至

Total number of years in professional counselling work 從事輔導工作之總年數 : _____ Years 年

Part 4 : Membership Categories (Please ✓ in the box)

Full Member 會員 HK\$250 (please attach copy of certificate 請附證書副本)

Associate Member 附屬會員 HK\$150

Full Member – With Degree, Diploma or Certificate major in counselling or equivalent (**with** voting right)

Associate Member – Undergoing counselling training and with interest in counselling (**without** voting right)

全會員 – 持有輔導學位、文憑或證書, 擁有投票權

附屬會員 – 正接受輔導訓練和對輔導有興趣者, 沒有投票權

The membership year is from 1 January to 31 December.

Remarks :

Please make cheque payable to 'Asian Professional Counselling Association (H.K.) Limited' or bank in (Hong Kong Bank 808-021620-292)and mail 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 Miss. Lee, Wing-sze, Cecilia. For further information, please watch out our website: <http://www.apca-counselling.com>

Enquiry : 25707110 (ext. 326 Voice Mail) (Office Hour: 9:00-18:00)

Signature 簽署 : _____

Date of Application 申請日期 : _____