

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 Miss. Liu, Jing Amanda](#). **No cash payment will be accepted.**

3) For further information, please visit our website www.apca-counselling.com or enquire at **21048232**

4) 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: _____