

**Part 1 : Personal Information 個人資料 (Please fill in English 請以英文填寫)**

<input type="checkbox"/> New Application 新申請		<input type="checkbox"/> Renewal 續會		Membership No. 會員編號 : _____
Name 姓名(English 英文)	Prof./Dr./Mr./Mrs./Ms.			
	(Surname)	(First Name)		
(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.辦公室)	(Mob.手提電話)	(Hm.住所)	
Email Address 電郵地址				
Fax 傳真號碼				

**Part 2 : Education 教育 (Please attach copy of certificate 請附證書副本)**

Qualification 學歷	Major 主修	Institute 學院	Date Awarded 獲取日期

**Part 3 : Working Experience 工作經驗 (Please attach supporting documents 請附證明文件)**

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

\*You may add additional sheets if necessary. 如有需要請另加附頁。

**Part 4 : Payment Method 付款方法**

The application fee is **HK\$400** (The registration is valid from graduation year to 31 December of the following year). Please make cheque payable to 'Asian Professional Counselling and Psychology Association Limited' OR bank-in the corresponding fees to (HSBC: 808-021620-292) and mail together with the payment slip to "Registration Department, Asian Professional Counselling and Psychology Association, Department of Counselling and Psychology, Hong Kong Shue Yan University, 10 Wai Tsui Crescent, Braemar Hill, North Point, Hong Kong. **No cash payment will be accepted.** 申請費用為 **HK\$400** (註冊有效期致下年 12 月 31 日)。請敬備支票，抬頭為「亞洲專業輔導及心理協會有限公司」，或轉賬至匯豐銀行戶口#808-021620-292，並郵寄支票或轉賬通知書至「香港北角寶馬山慧翠道 10 號香港樹仁大學輔導及心理學系亞洲專業輔導及心理協會註冊部收」。本會恕不接受現金。

For further information, please visit our website: <http://www.apcpa.com.hk>

其他資料，請參閱本會網址：<http://www.apcpa.com.hk>

Enquires: [registration@apcpa.com.hk](mailto:registration@apcpa.com.hk)

查詢：[registration@apcpa.com.hk](mailto:registration@apcpa.com.hk)

Signature 簽署 : \_\_\_\_\_

Date of Application 申請日期 : \_\_\_\_\_

OFFICE USE ONLY					
Bank: _____	CQ: _____	Amt: _____	Bank-in Date: _____	Rcpt: _____	Staff : _____
Remarks: _____					