



香港專業輔導協會

The Hong Kong Professional Counselling Association

c/o College of International Education, Hong Kong Baptist University (Shek Mun Campus), 8 On Muk Street, Shatin, N.T.

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Website: www.hkpc.org.hk

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MEMBERSHIP APPLICATION 會員申請表

Please read the information on the back page before completing this form

填表前請先閱讀背頁資料

Name : English (Mr./Mrs./Ms./Miss/Dr./others _____) _____
(Surname) (Given Name)

姓名 : 中文 _____

Mailing Address 通訊地址 : _____

Email 電郵 : _____

Telephone No. : Home _____ Mobile _____
聯絡電話 Office _____ Fax _____

Working Organization 工作機構 : _____

Position 職位 : _____

Academic Qualification 學歷:

Qualification 資格	Major 主修	Institution 學校	Date Awarded 獲取日期

Professional Experience 專業經驗:

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

Total number of years in post-qualification professional counseling work

畢業後從事專業輔導之年數: _____

Signature of Applicant 申請人簽名: _____ Date of Application 申請日期: _____

Membership Categories and Fees 會員類別及會費

Fellow	院士	To be invited by and recommended to the Association. Applications not being received. 此會席不接受個別申請，必須由本會推薦、提名及認可，並經委員會同意，方可取得。
Associate Fellow	副院士	HK\$ 300
Member	會員	HK\$ 200
Junior Member	初級會員	HK\$ 150
Student Member	學生會員	HK\$ 50
Affiliate	附屬會員	HK\$ 100

Notes:

1. Please submit photocopies of certificates and transcripts to support your academic qualifications. If the institution granting the award is outside Hong Kong, kindly provide program details, e.g. course descriptions and graduation requirements.
2. The membership committee will assign an appropriate membership category to the applicant automatically.
3. ***Do not*** send fees before official approval of membership.
4. The processing time of application is about 10 weeks. The Association will notify the applicants once the application is officially approved.
5. The membership year is from 1 January to 31 December. Membership approved on or after 1 July of each year requires only half of the annual membership fee.

Official Use Only

Application not approved

approved for membership of AF / M / JM / SM / Affiliate
(circle the appropriate category)

Signature: _____
(for approval)

Date: _____

Membership No. : _____

Notification sent on: _____

Fees received on : _____

Certificate sent on: _____

Receipt No.: _____