

MEMBERSHIP APPLICATION FORM



Type of Membership

Full Member (\$30 per year)

Associate Member (\$20 per year)

*(for certified Substance Abuse
Counsellors only)*

Personal Particulars

Name (Dr/Mr/Mrs/Ms)

*delete as appropriate

Gender

Home Address

Date of Birth

Place of Birth

Citizenship

Race

Marital Status

NRIC/Passport No

Occupation

E-Mail Address

Contact No(s)

Place of Work

& Address

Education Information (Attach copies of transcripts/certificates)

Qualification

Institution

Year

Qualification

Institution

Year

Qualification

Institution

Year

Qualification

Institution

Year

Professional Membership

Status

Institution

Year

Status

Institution

Year

Status

Institution

Year

FOR OFFICIAL USE ONLY

Date of receipt of application	
Transcripts/Certificates	
Code of Ethics	

Statement of "No Abuse"	
Supervisor's Form	
Evaluation Fee - \$30	

Employment History (list in reverse chronological order for the past three[3] years)

Employer, Address, Contact Number

Dates Employed, Duties & Responsibilities

