**Professional Membership Form**

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Date of Birth / Age |  |
| 3 | Gender | Female / Male / Others |
| 4 | Address for Communication |  |
| 5 | Mobile Number |  |
| 6 | Email ID |  |
| 7 | Occupation |  |
| 8 | Educational Qualifications  (Highest Achieved) Enclose Certificate copy |  |
| 9 | Years of Experience as Counsellor(Enclose Letter of Experience) |  |
| 10 | Years of Experience as Supervisor |  |
| 11 | Letter of Recommendation/Reference/Self Declaration |  |
| 12 | Membership in any other Professional body |  |
| 13 | Membership Category Opted for | Professional / Professional-Life Member |
| 14 | Date of completion of RISE UP |  |
| 15 | Mention if any previous Membership with IAPS (Membership number & Year) |  |
| 16 | Mode of payment | Cheque / Online |

I hereby declare that the above information is true to the best of my knowledge.

Date: Signature

**For Office Use**

1. Application Reviewed by :
2. Documents verified :
3. Application accepted/rejected :
4. If rejected reason :
5. Application Accepted by :
6. Membership Category accepted :
7. Membership from (date) :
8. Membership number :
9. Membership valid till :
10. Payment Details :