**Associate 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 | Letter of Recommendation/Reference/Self Declaration |  |
| 11 | Membership in any other Professional body |  |
| 12 | Mode of payment | Cheque / Online |

Disclosure:

**Please answer the following questions relative to your professional history within the last five years.**

1. Have you ever been convicted of a misdemeanour related to your professional functions? 口Yes 口No

2. Are you aware of any formal disciplinary or criminal charges pending against you? 口Yes 口No

3. Are there any previous/current complaints against you filed with any licensing, certification, or other regulatory body? 口Yes 口No

4. Has it ever been determined that you have operated outside the recognized boundaries of your professional competencies? 口Yes 口No

5. Are you aware of any disciplinary actions that have been initiated against you by a professional employer, hospital staff, managed care organization, EAP or any other organization that granted you privileges or participation status? 口Yes 口No

**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 :