

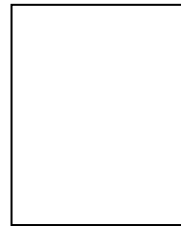


c/o 422-A Telok Blangah Road S'pore 098848
 (Near Grace Methodist Church) Tel: 62747480, Fax: 62760024
 www.accs.org.sg

Membership Application Form

Annual membership fee is as follows:

- a) \$20 for professional membership and
- b) \$15 for lay membership
- c) \$10 for student membership



Name: Mr/Mrs/Mdm/Ms/Dr _____ NRIC No: _____

Address (Home): _____ Postal Code: _____

Tel. No (H): _____ Tel. No (O): _____ HP: _____

Email Address. _____ Gender: Male/Female

Date of Birth: _____ Age: _____ Nationality: _____

Marital Status: Single / Married / Separated / Divorced / Widowed

Occupation: _____ Education Level: _____

Race: Chinese / Malay / Indian / Eurasian / Caucasian / Others: _____

Training in Counselling

Name of Workshop/Seminar/Courses	Duration of Course	Course Hours	Year Attended	Remarks *

Description of your counselling experience

Current Church attending: _____

Type of Ministry	Position Held	Year of Involvement (From ___ to ___)

Types of membership applied for:

Professional Membership Lay Counsellor Membership Student Membership

Recommended by (current member of ACCS):

Applicant's Signature: _____ **Date:** _____

For Official Use Only:

Application approved for _____ **Membership Date:** _____