

MEMBERSHIP APPLICATION

Title Prof Dr Mr Mrs Ms

Name :

NRIC No / Passport No : Sex: Age:

Nationality :

Address :

Qualifications:

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Telephone: (H) (O)..... (H/P).....

Facsimile:

Email:

Other Membership of Related Field & Position Held:

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Company Name:

MEMBERSHIP CATEGORY

	<u>Entrance Fee</u>	<u>Annual Fee</u>
Practitioner Member	USD 200	USD 200
Associate Member	USD 200	USD 200

METHOD OF PAYMENT

TELEGRAPHIC TRANSFER

Payments can be made via telegraphic transfer to:

Account Name : International Psychology Centre Sdn. Bhd.

Bank : Malayan Banking Berhad

Account No : 514114442749

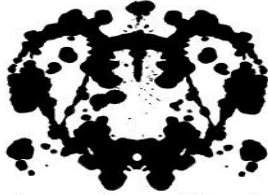
Branch : No. 1 & 3, Jalan Desa, Taman Desa,
58100 Kuala Lumpur, Malaysia

Swift Code : MBBEMYKL

**Please click here
for online payment**



ISPCP



International Society
for Psychotherapy,
Counseling & Psychiatry

International Society for Psychotherapy, Counseling & Psychiatry

Subject to the approval of the management committee,

Isincerely wish to join as a member of International Society for Psychotherapy, Counseling & Psychiatry and do hereby agree to abide the rules and regulations of the Association.

SIGNATURE: DATE:

NAME:

Proposed by : Seconded by:

Name: Name:

Registration No: Registration No:

*** Kindly furnish the following:-**

- (a) Photocopy of other membership related
- (b) Photocopy of reference letter or certificate confirming status

OFFICE USE ONLY

APPROVAL STATUS : APPROVED () / NOT APPROVED () / KIV ()

Commencement Date : Membership No :

Registration Fees Received : Annual Fees :

Other Comments :

AUTHORISED AND APPROVED BY:

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