



**PROFESSIONAL COUNSELLORS ASSOCIATION**  
**MEMBERSHIP APPLICATION**

Year of registration:

Name (Rev./Prof./Dr./Mr./Mrs./Ms.):

Address:

1. Personal:
2. Official:
3. Email:

Designation:

Letters should be sent to the : Official Address/Personal Address

National Identity Card Number:

**QUALIFICATIONS AS A COUNSELLOR**

The Institute	Year	Qualifications	Grade

**HIGHEST EDUCATIONAL QUALIFICATIONS**

The Institute	Year	Qualifications	Grade

<b>Other Memberships:</b>		
<b>Association</b>	<b>Year</b>	<b>Membership Category</b>

**The Statement**

I hereby agree to be admitted to the Professional Counsellors Association and to abide by its rules and regulations. I also promise to follow the Code of Ethics of the Association and to preserve the dignity of the Counsellors Profession.

Date:.....

Signature:.....

**The Membership is offered**

<b>Membership Number:</b>		
<b>Membership Category:</b>	<b>Follow Member</b>	
	<b>Member grade 1</b>	
	<b>Member grade 2</b>	
<b>Official Remarks:</b>	<b>Associate Member</b>	
	<b>Student Member</b>	

.....  
**Hon. President**

.....  
**Hon. Secretary**

