



CACBT Membership Application Form

Dear Applicant,

Thank you for your interest in joining CACBT.

For **returning members** who have already submitted the necessary documents (e.g., duplicates of academic / professional qualification), please return the completed form and the subscription fee to the Association.

For **new applicants or members who have not submitted the supporting documents**, please return the completed form, together with the subscription fee as well as the supporting documents to the Association.

Please prepare a crossed cheque payable to “Chinese Association of Cognitive Behaviour Therapy (HK) Ltd.” or “中國認知行為治療學會(香港)有限公司” for the subscription fee.

Please mail the completed form with the cheque and the necessary document(s) to:

The Secretariat
Chinese Association of Cognitive Behaviour Therapy
Suite 1221 Bank of America Tower,
12 Harcourt Road, Central,
HONG KONG
(Re: CACBT Membership)

The processing time may take a few weeks. You will be notified about the result by mail and / or email. If you have any question about the application, please write to info@cacbt.org.

H.C. CHONG
Membership Secretary / CACBT

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==> **For Returning Members:**

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Chinese Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address (if amended): \_\_\_\_\_

**CACBT Membership Applied** (Membership does **NOT** imply qualification or expertise.): *(please tick)*

- One-year membership (HK\$500 as subscription fee) starting from 1<sup>st</sup> July 2011
  - Three-year membership (HK\$1200 as subscription fee) starting from 1<sup>st</sup> July 2011
  - Five-year membership (HK\$2000 as subscription fee) starting from 1<sup>st</sup> July 2011
- \* Annual Membership runs from 1<sup>st</sup> July till 30<sup>th</sup> June of the next year. Membership fees are not pro-rated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

==> **For New Applicants or Members who have not submitted the supporting documents:**

**1. Personal Details:** Title: *(circle as appropriate)* Prof / Dr / Mr / Miss / Mrs / Ms / \_\_\_\_\_

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Chinese Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Gender: (circle as appropriate)

Male / Female

Age: (please tick)

<25

26 - 35

36 - 45

46 - 55

56 or above

**2. Tertiary Qualification(s):** (please attach certificate duplicate[s])

Degree / Certificate      Year      Department      Institution

| Degree / Certificate | Year | Department | Institution |
|----------------------|------|------------|-------------|
|                      |      |            |             |
|                      |      |            |             |
|                      |      |            |             |

(use separate sheet if necessary)

**3. Current Employment:** (please tick)

Academic

Government

Hospital Authority

NGO

Private practice

Others (please specify: \_\_\_\_\_)

**4. Professional Membership(s):** (please attach certificate duplicate[s])

| Membership Status | Organisation |
|-------------------|--------------|
|                   |              |
|                   |              |
|                   |              |

(use separate sheet if necessary)

**5. CACBT Membership Applied** (Membership does NOT imply qualification or expertise.):(please tick)

One-year membership (HK\$500 as subscription fee) starting from 1<sup>st</sup> July 2011

Three-year membership (HK\$1200 as subscription fee) starting from 1<sup>st</sup> July 2011

Five-year membership (HK\$2000 as subscription fee) starting from 1<sup>st</sup> July 2011

\* Annual Membership runs from 1<sup>st</sup> July till 30<sup>th</sup> June of the next year. Membership fees are not pro-rated.

**6. Directory Listing:** (please tick)

Do you want to be listed in the Membership Directory on the CACBT webpage? (Password protected for access by members only)     Yes     No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Remarks:** 1. The Executive Committee will vet all applications.

2. Cheque will be returned, together with submitted document(s), to the applicant if application is NOT accepted.

**Notice to Data Subject Regarding Personal Data Disclosed to  
Chinese Association of Cognitive Behaviour Therapy (HK) Ltd.**

The personal data provided by you will be accessible only to those persons who are directly involved in the operation of the Association. They are required to observe the rule of confidentiality under the *Personal Data (Privacy) Ordinance* and other relevant ordinances. Personal data are only disclosed when the Executive Committee authorises such disclosure. You have right of access to and correction of personal data held on you by the Association.

**For Official Use only**

| Date Received | Apply # | Cheque # \$ | Initial Check | Vetting | Membership # | Reply | Receipt | Updated |
|---------------|---------|-------------|---------------|---------|--------------|-------|---------|---------|
|               |         |             |               |         |              |       |         |         |