

**Institute of Cognitive Therapy**

認知治療學會

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**Ordinary Membership Application**

Name: (English) (Prof./Dr./Mr./Mrs./Ms./Miss/Others _____) (Surname) (Given Name)	
Name: (Chinese)	Sex: F / M
Working organization:	Position:
Contact no.: (Office)	Contact no.: (Mobile)
Mailing address:	
Email address:	
<b>Academic and Professional Background</b>	
Year and Degree / Cert. obtained	Name of the College / University
1. _____	_____
2. _____	_____
Professional membership /qualification obtained	Name of the professional institute / board
1. _____	_____
2. _____	_____
Past Cognitive Therapy Training track record Year and Degree / Cert. obtained	Name of the Institute / University
1. _____	1. _____
2. _____	2. _____
Signature of Applicant:	Date of Application:
_____	_____

Notes: The membership year is from 1 April to 31 March. Membership approved on or after 1 Oct of each year requires only half of the annual membership fee. Please send this form together with a crossed cheque \$ 200 payable to Institute of Cognitive Therapy. Please write down your full name and contact no. on the back of the cheque. If your application is not successful, we should return the cheque to you.

<b>Official Use Only</b>	
<input type="checkbox"/> Application approved <input type="checkbox"/> Application not approved	Signature: _____ (for approval)
Date of admission: _____ (dd/mm/yyyy)	Membership No.: _____
Due date of admission: _____ (dd/mm/yyyy)	Fees received on: _____
	Cheque no. and issued bank: _____
	Receipt No.: _____

This information is intended only for the use of application of membership for Institute of Cognitive Therapy