



Membership Application Form

Application categories		
Membership Categories:	<input type="checkbox"/> Full member	<input type="checkbox"/> Affiliate/student member

Part 1

Personal particulars	
Name in Chinese:	Name in English:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	
Contact telephone number:	Email address:

Part 2

Academic qualifications and professional training (Please list in chronological order)				
From (Month/Year):	To (Month/Year):	Name of institution(s) (Please state the country for overseas <i>program</i>):	Study level/ Qualifications obtained:	Date of award (Month/Year):

*Provide the proof of academic qualifications

Play therapy program(s) studied (Please list in chronological order)		
Year of study:	Name of institution(s):	Name of program(s):

* Provide the program certificate



遊戲治療協會(香港)
Hong Kong Academy of Play Therapy

Declaration:

I declare that the information given in this form is correct, updated and on a voluntary basis. I understand that the personal data and documents submitted will be used for statistical analysis and contact purposes. The information will be kept confidential. I have the right to request access to and correction of the personal data through HKAPT.

I agree / disagree Hong Kong Academy of Play Therapy from disclosing my name on the website

Date:

Signature:



遊戲治療協會(香港)

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Notes to applicants

Please submit the completed form, a crossed cheque and required document(s) listed below (if any) to the office of Hong Kong Academy of Play Therapy (HKAPT) by post or in person.

Document required for Full member:

- *Proof of academic qualifications (copy)*
- *Proof of completion of play therapy program(s) (copy)*

Cheque: Please make your *cheque* payable to “Hong Kong Academy of Play Therapy Ltd” and crossed.

HKAPT office: Suite 1107, 11th Floor, Two Chinachem Exchange Square, 338 King's Road, North Point, Hong Kong.

Membership Fee

Membership Categories:	Full member	Affiliate/student member
Annual Fee	HK\$500	HK\$150