



Bangladesh Clinical Psychology Society (Estd.1999)

83 Natun Paltan, Azimpur, Dhaka-1205

1

MEMBERSHIP APPLICATION FORM

(Please read instructions provide on page 3 before completing this form)

A. PERSONAL DETAILS OF THE APPLICANT:

Name of the Applicant : .. Title : ..

Gender : Marital Status : Age : ..

Occupation : ..

Mailing Address : ..

Mobile: .. Tel.: .. Fax : ..

E-mail : ..

Nationality : .. National ID or Passport No. : ..

B. REFEREES (SHOULD BE MEMBERS OF BCPA WITH VOTING POWER):

Referee 1		Referee 2	
Name: ..		Name: ..	
Signature: ..	Date: ..	Signature: ..	Date: ..

C. DETAILS OF PROFESSIONAL EXPERIENCES (Starting form the most recent one):

Nature of involvement	Period mm/yy - mm/yy	Designation and brief job description	Name and contact address of the Organization
..	../.. to ../..	..	..
..	../.. to ../..	..	..
..	../.. to ../..	..	..
..	../.. to ../..	..	..
..	../.. to ../..	..	..

D. DETAILS OF EDUCATIONAL QUALIFICATION (Starting form the highest degree achieved):

Degree	Subject / Area	Educational Institution	Year of Award	Result
..
..
..
..
..
..

E. CURRENT MEMBERSHIP WITH OTHER PROFESSIONAL ASSOCIATIONS/ORGANIZATIONS:

Name of the Association	Type of Membership	Member Since (dd/mm/yy)
.././..
.././..
.././..
.././..
.././..

F. CATEGORIEY OF BCPA MEMBERSHIP APPLIED FOR:**G. DECLARATION:**

I hereby declare the accuracy of all the information provided in this form. I agree to comply with the existing and upcoming code of conduct and other regulations applicable to the members of Bangladesh Clinical Psychology Association (BCPA) during my membership tenure if I am accepted as a member of BCPA.

Signature:**Date:**

----- THE FOLLOWING SECTION SHOULD BE FILLED IN BY OFFICE -----

Opinion of the BCPA Executive Committee:

Approved Disapproved

	T	Y	Y	0	0	0
Membership Number:						

Signature of the President

Date :

Signature of the General Secretary

Date :

Instructions for Applicants Using the Electronic Format

1. Applicants have to complete all the section from **A** to **G**.
2. You will find gray areas where to enter information. There two alternative options. there are some gray areas where you will find two dots at the bottom (**..**) which are meant for entering information by typing. You will also find some other gray areas (**■**) without the dots in the bottom. These are actually drop down lists, you can select and enter prefabricated information by clicking on it.
3. During the entering information please make sure the page format is not destroyed. If necessary please use understandable abbreviations.
4. After finishing the information input, please print the form using **two sided printing** and sign it and get signature from the referees.
5. Membership Categories:
 - a. Any one completed the MPhil or PhD in Clinical Psychology can apply for **General Membership**.
 - b. Anyone completing the masters in Clinical Psychology can apply for **Affiliate Membership**.
 - c. Anyone currently enrolled in Masters degree program in Clinical Psychology can apply for **Trainee Membership**.