



新加坡华语辅导谘商学会

Chinese Counselling Society (Singapore)

会员申请表

English Name 英文姓名: _____	NRIC 居民证号码: _____
Chinese Name 中文姓名: _____	Passport No 护照号码: _____
Sex 性别 M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	Nationality 国籍
Marital Status 婚姻状况 已婚 <input type="checkbox"/> 未婚 <input type="checkbox"/> 离婚 <input type="checkbox"/> 分居 <input type="checkbox"/> 寡居 <input type="checkbox"/>	Date of Birth 出生日期
Religion 宗教信仰	Recommended By 推荐人
Education Qualification 教育程度	
Occupation 职业	
Home Address 地址	
Tel No. 电话 (M): Tel No. 电话 (O):	Email 电邮:
Please indicate your area of expertise and interest 请注明您的专长与兴趣	

Signature 申请者签名: _____	For Office Use Only: Application Received Date: _____
Date 申请日期: _____	Approved Date: _____
	Approved by: _____

Please made cheque payable to **“Chinese Counselling Society (Singapore)”** and mail to: **Ang Mo Kio Central P. O. Box 957, Singapore 915616.**