

INDIAN COUNSELORS' ASSOCIATION (ICA)

Reg. No. KKD/CA/461/2013

A Registered Organization under Societies Registration Act

APPLICATION FOR MEMBERSHIP

No.:

PHOTO

1. Name :

(In Block letters)

2. Address :

(with Phone No & email)

3. Age & Date of Birth :

4. Educational Qualifications :

5. Qualifications in Counseling -Name of
Institution :

6. Experience in the field of
Counseling (Specify) :

7. Occupation :
(with official Address)

8. Details of membership fee paid :

9. Name, Signature & ID No of the existing
Member recommending for membership :

10. Declaration :

I hereby declare that the above mentioned particulars are true to the best of my knowledge and belief and also declare that I'm bound to obey the rules and regulations of the ICA .

Place :

Name & Signature

Date :

For Office Use Only

Application Accepted/ Rejected in the ICA Executive meeting held on
membership fee..... ID Card Issued /Not Issued.

Signature

Note: 1. Copy of the screenshot of the membership fee paid should be attached with the application form.
2. Application for the membership should be recommended by one of the existing members