



BHARATIYA COUNSELLING PSYCHOLOGY ASSOCIATION

(REGISTERED AS PER SOCIETIES REGISTRATION ACT XXI OF 1860 REG. NO. 1370)

Head Office: Department of Psychology, Vasanta College for Women, Rajghat, Varanasi, Uttar Pradesh (India), 221001

Website: www.bcpa.in; Email: team.bcpa@gmail.com

MEMBERSHIP FORM

Affix Photo

Membership Category (Founder / Life / Provisional / International / Institutional / Student / Associate)

(Please select the class of membership being applied for)

Name (Block Letters): Age: Gender:

Residential Address (Block Letters):

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..... Pin:

Email ID:

Mobile No.: Landline No.:

Designation of the present post and official address:

.....

..... Pin:

<u>DEGREE/DIPLOMA</u>	<u>SUBJECT</u>	<u>INSTITUTION</u>	<u>YEAR OF PASSING</u>
Graduation			
Post Graduation			
PhD.			
Any other			

Particulars of professional experience (Specify: Practice / Teaching / Research in the field of Counselling Psychology)

<u>DESIGNATION</u>	<u>PLACE OF WORK</u>	<u>FROM</u>	<u>TO</u>

*Please send all relevant certificates / documents as scanned soft copy by e-mail and self-attested hard copy by regular mail, along with your application. After provisional acceptance of the application, applicant will be advised to make the payment through NEFT / DD / Cheque following which the membership will be granted.

Other jobs or position held:

Particular of other professional affiliation:

Membership Fees:

A. Founding Members (BCPA FM) -	INR 5000/- Life Time
B. Life Member (BCPA LM) -	INR 1000/- Life Time
C. Provisional Member (BCPA PM) -	INR 200/- Yearly
D. International Members (BCPA IP) -	USD 100/- Life Time
E. Institutional Members (BCPA IM) -	INR 10000/- Life Time
F. Student Members (BCPA SM) -	INR 100/- Yearly
G. Associate Members (BCPA AM) -	INR 200/- Yearly

Note: Annual / Provisional / Student Members will be given a soft copy of the certificate only.

Declaration of Commitment

I, _____

Certify that the particulars given above are true to the best of my knowledge.

I am interested in the aims and objectives of BCPA and undertake to abide by the rules and regulations during the tenure of my membership.

I am attaching the copies of my professional degree certificates to substantiate the qualification required for the membership category applied for.

Preferred mailing address (Write in capital Letters): _____

Email Id: _____ State: _____ Pin Code: _____

Place:

Date:

Signature of Applicant

The application form should be sent to The Treasurer, BCPA at the address given below:

Dr. Ved Prakash Rawat
Treasurer
Department of Psychology
Vasanta College for Women
Rajghat, Varanasi
Uttar Pradesh (India), 221001
Email: rawatv704@gmail.com
Mobile: 9451606320

FOR OFFICE USE ONLY

Received Rs. _____ which includes membership fees in Cash / Cheque / DD / NEFT mode _____ as per article _____ of BCPA memorandum under the approval of Executive Board meeting held on _____.

Place:

Date:

Remarks Admitted/Not admitted

Signature

(Organizational Secretary BCPA)

Membership Category