



亞洲創傷心理研究學會 Asian Society for Traumatic Stress Studies

Membership Application Form

(Membership does not imply qualification or expertise)

AsianSTSS collects and uses the personal information that you provide to send you updates, training and activity promotion, and other relevant information. The personal data will not be sold, traded or rented in any forms through any means to any other parties. Please be advised that you may opt-out of receiving information from us by contacting us at any time via email (info@asianstss.org). In order to facilitate networking among members who are interested in the trauma field, your personal information may be placed on the AsianSTSS website, in the Members' Directory which is only accessible to members of this Society.

Please put an X in the red square boxes if you do not want any of such information to be included in the Members' Directory on the AsianSTSS website.

MEMBERSHIP:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal: membership no: _____			
Title:	_____	Family Name : _____	Given Name : _____		
<input type="checkbox"/>	Correspondence Address: _____				
<input type="checkbox"/>	Phone: () _____	<input type="checkbox"/>	Fax: () _____	<input type="checkbox"/>	E-mail: _____
<i>(AsianSTSS encourages electronic communication with members. Please provide your email address to facilitate communication between AsianSTSS and you.)</i>					
<input type="checkbox"/>	Office Address (if different from correspondence address): _____				
<input type="checkbox"/>	Profession: _____	<input type="checkbox"/>	Relevant Academic Qualifications: _____		

Please check the categories that identify your main areas of interest:			
Populations			
<input type="radio"/> Children	<input type="radio"/> Adolescents	<input type="radio"/> Adults	<input type="radio"/> Elderly
<input type="radio"/> Emergency Personnel	<input type="radio"/> Health Care Workers	<input type="radio"/> Minorities	<input type="radio"/> Perpetrators
<input type="radio"/> Disciplinary / Military Personnel	<input type="radio"/> Others, please specify: _____		
Areas of Interest			
<input type="radio"/> Research	<input type="radio"/> Teaching / Training	<input type="radio"/> Assessment	<input type="radio"/> Treatment
<input type="radio"/> Grief	<input type="radio"/> Legal / Forensic	<input type="radio"/> Policy development	<input type="radio"/> Human rights
<input type="radio"/>	Others, please specify: _____		
Work Settings			
<input type="radio"/> University	<input type="radio"/> Private practice	<input type="radio"/> Disciplinary	
<input type="radio"/> Teaching institute	<input type="radio"/> Community	<input type="radio"/> Public health	
<input type="radio"/> Social Welfare	<input type="radio"/> Others, please specify: _____		

The Society's financial year runs from 1st October through 30th September, membership fees are not pro-rated.

I hereby enclose my cheque for:
<input type="checkbox"/> Life membership: HKD 1000 <input type="checkbox"/> Full membership: HKD 200 <input type="checkbox"/> Student membership: HKD 100
<small>(Student member applicants are requested to send a copy of current and valid proof of full-time student status together with this form)</small>

I hereby agree to provide the above information for AsianSTSS and support the objectives of the AsianSTSS as expressed in the Constitution.

Signature: _____ Date: _____

----- Office use -----

Form received on: _____ Amt: _____ Cash / Cheque (no: _____)

Confirmation sent on: _____ Ref no: _____