



Asia Pacific Employee Assistance Roundtable

Membership Application

Membership Categories:

1. **Professional Membership** is open to all persons whose EA work demonstrably occupies at least some of their time. They are full voting members of the APEAR and may stand for election to any position on the Board. Annual dues are US\$80.
2. **General Membership** is open to all those who have an interest in EA work in the Asia Pacific region. They are full voting members of the APEAR and may stand for election for any position on the Board with the exception of the President. Annual dues are US\$40.
3. **Organizational Membership** is open to all organizations with an interest in EA work. Voting rights and eligibility for office will vary according to the qualifications of the individual designated representatives. Only two designated representatives are allowed membership status of the APEAR. Annual dues are US\$200.
4. **Student Membership** is open to those students who are studying in the EA or related fields. They are not entitled to vote and stand for election to the Board. Annual dues are US\$20.

Application Submission

1. The completed application form and membership fee are to be mailed to:

APEAR
Standing Membership Committee
1 Orchard Boulevard, #09 – 04
Camden Medical Centre
Singapore 248649

2. All membership fees shall be paid in US dollars via international money orders or bank drafts payable to “Asia Pacific Employees Assistance Roundtable”. Membership fees are non-fundable and non-transferable.
3. All membership applications will be screened and processed by the Standing Membership Committee which has absolute discretion as to whether or not to admit or reject any such application. Applicants will be informed about the status of their application within four weeks after the submission of their application.

PROFESSIONAL / GENERAL* MEMBERSHIP INFORMATION

*(*Delete as appropriate.)*

Last Name: _____ First Name: _____

Title: _____ Position Held: _____

Name of Organization: _____

Address: _____

Postcode : _____ Country : _____

Tel: _____ Fax: _____

Email: _____

Professional Qualifications: _____

Professional Affiliations: _____

Practical working experience in the EAP field: _____

Declaration

I agree to adhere to APEAR's Code of Ethics.

I authorize checks to be made on information contained in this application and any subsequent amendments to the details.

I understand that my Membership Application is subject to approval by the APEAR Membership Committee.

Name: _____

Signature: _____

Date: _____

CORPORATE MEMBERSHIP INFORMATION

Name of Organization: _____

Nature of Business: _____

Address: _____

Postcode : _____ Country : _____

Tel: _____ Fax: _____

Email: _____

Corporate membership is entitled up to 2 representatives:

First Representative

Last Name: _____ First Name: _____

Title: _____ Position Held: _____

Postcode : _____ Country : _____

Tel: _____ Fax: _____

Email: _____

Second Representative

Last Name: _____ First Name: _____

Title: _____ Position Held: _____

Postcode : _____ Country : _____

Tel: _____ Fax: _____

Email: _____

Declaration

We agree to adhere to APEAR's Code of Ethics.

We authorize checks to be made on information contained in this application and any subsequent amendments to the details.

We understand that our Membership Application is subject to approval by the APEAR Membership Committee.

Name: _____

Signature: _____

Date: _____

STUDENT MEMBERSHIP INFORMATION

Last Name: _____ First Name: _____

Title: _____ Position Held: _____

Postcode : _____ Country : _____

Tel: _____ Fax: _____

Email: _____

Current Course of Study: _____

Institution: _____

Expected Completion Date: _____

Qualifications already held: _____

Declaration

I agree to adhere to APEAR's Code of Ethics.

I authorize checks to be made on information contained in this application and any subsequent amendments to the details.

I understand that my Membership Application is subject to approval by the APEAR Membership Committee.

Name: _____

Signature: _____

Date: _____