



## Membership Application

### 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 (APEAR)**”.

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.

<b>PROFESSIONAL/ GENERAL * MEMBERSHIP INFORMATION</b>	
<i>(*Delete as appropriate.)</i>	
<b>Family/Last Name:</b>	<b>First Name:</b>
<b>Title:</b>	<b>Position holding:</b>
<b>Name of Organization:</b>	
<b>Address:</b>	

<b>Postal Code/Zip Code</b>	<b>Country</b>
<b>Telephone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Professional Qualifications:</b>	
<b>Professional Affiliations:</b>	
<b>Practical working experience in the EAP Field</b>	
<b>Declaration</b> <ul style="list-style-type: none"> <li>• I agree to adhere to APEAR's Code of Ethics.</li> <li>• I authorize checks to be made on information contained in this application and any subsequent amendments to the details.</li> <li>• I understand that my Membership Application is subject to approval by the APEAR Membership Committee.</li> </ul>	
Signature:	Date:

<b>ORGANIZATIONAL MEMBERSHIP INFORMATION</b>	
<b>Name of Organization:</b>	
<b>Nature of Business:</b>	
<b>Address:</b>	
<b>Postal Code/ Zip Code</b>	<b>Country</b>
<b>Telephone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Declaration</b> <ul style="list-style-type: none"> <li>• We agree to adhere to APEAR's Code of Ethics.</li> <li>• We authorize checks to be made on information contained in this application and any subsequent amendments to the details.</li> <li>• We understand that our Membership Application is subject to approval by the APEAR Membership Committee.</li> </ul>	
Signature:	Date:
Name:	

Corporate membership is entitled up to 2 representatives

**First Representative**

<b>Family/ Last Name</b>	<b>First Name:</b>
<b>Title:</b>	<b>Position holding:</b>
<b>Telephone:</b>	<b>Fax:</b>
<b>Email:</b>	

<b>Second Representative</b>	
<b>Family/ Last Name</b>	<b>First Name:</b>
<b>Title:</b>	<b>Position holding:</b>
<b>Telephone:</b>	<b>Fax:</b>
<b>Email:</b>	

<b>STUDENT MEMBERSHIP INFORMATION</b> <i>(*Delete as appropriate.)</i>	
<b>Family/Last Name:</b>	<b>First Name:</b>
<b>Title:</b>	<b>Position holding:</b>
<b>Address:</b>	
<b>Postal Code/Zip Code</b>	<b>Country</b>
<b>Telephone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Current Course of Study:</b>	
<b>Institution:</b>	
<b>Qualifications already holding:</b>	
<p><b>Declaration</b></p> <ul style="list-style-type: none"> <li>• I agree to adhere to APEAR's Code of Ethics.</li> <li>• I authorize checks to be made on information contained in this application and any subsequent amendments to the details.</li> <li>• I understand that my Membership Application is subject to approval by the APEAR Membership Committee.</li> </ul> <p>Signature: _____ Date: _____</p>	