MEMBERSHIP APPLICATION FORM

(Please attach relevant copies of Qualification and Career Development Certificate)

CDAS Secretariat
10 Anson Road #16-12
International Plaza
Singapore 079903
E: admin@cdas.org.sg

PERSONAL INFORMATION

Title		NRIC No./Passport No.					
Surname		Other names					
Address (H)							
				Postal code			
Nationality		Date of birth		Age		Sex	
Race		Marital status		Mobile No			
Office tel		Home tel		Email			

Affix recent photo

EDUCATION

[Please enclose copies of your certificates]

Year graduated	Name of institution/university	Qualification obtained

TRAINING IN CAREER COUNSELLING

Year attended	Name of workshop/seminar/course	Duration of course	Course hours	Remarks

EMPLOYMENT

[Present and immediate past two places of work]

Date joined	Date left	Name of organisation	Position held

WORK EXPERIENCES RELATED TO CAREER DEVELOPMENT OR SERVICES

Year from: Year to:

Description:

Year from: Year to:

Description:

CURRENT PROFESSIONAL INVOLVEMENT

Year from	Year to	Name of organisation	Position held

CATEGORY OF MEMBERSHIP APPLIED FOR:

(Entrance fee: $50)

- ☐ Fellow (Annual subs: $80.00)
- ☐ Professional Member (Annual subs: $80.00)
- ☐ Associate Member (Annual subs: $50.00)
- ☐ Student Member (Annual subs: $30.00)

Applicant's signature	Date

FOR APPLICATION TO FELLOW ONLY

The above application to Fellow is nominated by 3 Professional Members:

Name:	Name:	Name:
Signature/Date	Signature/Date	Signature/Date

FOR OFFICE USE

APPROVED BY: / DATE	Database / Address book created:	Acc. No.