



INDIAN ASSOCIATION FOR COGNITIVE BEHAVIOR THERAPY (IACBT)

www.iacbt.org

REGISTERED UNDER THE SOCIETIES REGISTRATION ACT XXI OF 1860

REG. NUMBER. S /1951 / DISTT. SOUTH / 2016

PERMANENT MEMBER OF THE ASIAN CBT ASSOCIATION (ACBTA)

MEMBER OF THE WORLD CONFEDERATION FOR CBT (WCCBT)

MEMBERSHIP REGISTRATION / RENEWAL FORM

TYPE: **PROFESSIONAL** **AFFILIATE** **LIFE** **PG STUDENT** **UG STUDENT**

Name: Dr/Ms/Mrs/Mr _____ (BLOCK LETTERS)

Age: _____ {years} DOB : _____ {dd/mm/yyyy}

Correspondence Address: _____

_____ Pin code:

Designation & Affiliation: _____

AFFIX PHOTO

Adhaar Number: _____

Phone / Landline: _____ (with STD & Country code)

Mobile: _____ WhatsApp: _____

E-mail: _____

IACBT Membership No. : (Only for Renewal applications) _____

EDUCATIONAL QUALIFICATIONS (PLEASE ATTACH RELEVANT CERTIFICATES)

LEVEL	NAME OF QUALIFICATION	PLACE (UNIVERSITY/COLLEGE/INSTITUTE)	YEAR & DURATION
PhD / PsyD			
M.Phil			
Masters (MA, MSc, MSW, MD/DNB)			
Bachelors (BA, BSc, BSW, MBBS)			
CBT TRAINING (attach details)			
OTHERS (please specify)			

PROFESSIONAL EXPERIENCE

TYPE	Teaching	Training & Supervision	Clinical Practice	Research & Innovation	Any Other
YES/NO					
DURATION					
INSTITUTION (Attach details of experience)					

DECLARATION

The Information provided here is true to the best of my knowledge. There are no dues pending against my membership.

Date

Place

Signature of the Applicant

PAYMENT DETAILS

BANK NAME: State Bank of India
ACCOUNT NO: 35617340110
ACCOUNT NAME: IACBT
IFSC CODE: SBI N000 1536
BRANCH NAME: Ansari Nagar

Note: Soft Copy of payment Receipt, Membership form, passport size photo, relevant certificates and updated CV to be e-mailed to iacbtmembers@gmail.com

Membership categories and fee details are available on the IACBT website. Incomplete forms will not be accepted.

(FOR OFFICE USE ONLY)

Membership approved (Y/N): _____

Reg.No. _____

Certificates checked and verified (Y/N): _____

Remarks: _____

Membership start date: _____

Payment Receipt No: _____

Membership expiry date: _____

Date & Place

Signature of President / Secretary / Treasurer IACBT (with stamp)

CONTACT:

M: 9953681570 (WhatsApp), 8287804056; iacbtmembers@gmail.com; www.iacbt.org