

Reply Slip

To: Asian Academy of Family Therapy Limited
c/o 6/F, Tsan Yuk Hospital, 30 Hospital Road,
Sai Ying Pun, Hong Kong

Name: _____
AAFT Membership No: _____
Membership Category: _____

PART I: Renew Membership

☐ I want to renew my AAFT membership as*

	Membership Categories*	Annual Subscription Fee (Pay in HK dollar or US dollar)	
<input type="checkbox"/>	Fellow and Life Member	US\$80	HK\$500
<input type="checkbox"/>	Fellow	US\$210	HK\$1,500
<input type="checkbox"/>	Full Member	US\$150	HK\$1,000
<input type="checkbox"/>	Associate Member	US\$110	HK\$800

PART II: Upgrade Membership

☐ I want to upgrade my AAFT membership to*

	Membership Categories*	Annual Subscription Fee (Pay in HK dollar or US dollar)	
<input type="checkbox"/>	Fellow and Life Member	US\$1,380	HK\$10,500
<input type="checkbox"/>	Fellow	US\$210	HK\$1,500
<input type="checkbox"/>	Life Member	US\$1,320 (one-off)	HK\$10,000 (one-off)
<input type="checkbox"/>	Full Member	US\$150	HK\$1,000
<input type="checkbox"/>	Associate Member	US\$110	HK\$800

* Please (✓) as appropriate.

Payment Method:

1) Send in a crossed cheque made payable to **Asian Academy of Family Therapy Limited** by post (HK Applicants only);

Cheque no: _____ Cheque amount: \$ _____ Bank: _____

2) Money order (Account Name: Asian Academy of Family Therapy Limited)

Please email the payment confirmation to info@acafamilytherapy.org

3) Mail the bank-in slip to AAFT by post or by email at info@acafamilytherapy.org.

Account Name: Asian Academy of Family Therapy Limited

Account No.: 024-769-168832-668

Bank Name: Hang Seng Bank Limited

Swift Code: HASEHKHH

Please kindly update your contact information if it has changed in the past 12 months.

Contact Tel.: _____ Email: _____

Postal Address: _____

I hereby agree and authorize AAFT to use the information that I have provided in this membership renewal form for communication on membership and other membership-related services. I understand that the membership category to which I am/will be admitted is that deemed by AAFT to be appropriate, and I agree to abide by the articles of AAFT and the rules and regulations of AAFT during the period under which I am a member.

Signature: _____ Date: _____