

PAKISTAN ASSOCIATION OF COGNITIVE THERAPISTS (PACT)
MEMBERSHIP FORM

Name: _____

S/O, D/O, W/O: _____

DOB: _____

Qualification: _____

Affiliated Institution: _____

Department (if Employee): _____

Class (if Student) _____

Address: (official) _____

(Residential): _____

Contact No. _____

Email ID: _____

CNIC No.: _____

Choose Membership category:

Life Time Membership:

- Lifetime Membership (Rs/- 5,000 only)

5 Year Membership:

- Psychiatrist 3000 Rs/- (5 year)
- Psychologist/GP/Psychiatry internee/ MO/ Senior Nurses etc 2000 Rs/- (5 year)
- Student (having 16 year or less year education)/Trainees/junior Nurses 1500 Rs/- (5 year)

I agree to abide by the Constitutional requirements and the Rules and Regulations of the Association.

Date & Signature of applicant

Date & Signature of the receiver