

**PANCYPRIAN ASSOCIATION OF PSYCHOLOGISTS**  
**ΠΑΓΚΥΠΡΙΟΣ ΣΥΛΛΟΓΟΣ ΨΥΧΟΛΟΓΩΝ**  
**MEMBERSHIP APPLICATION**

NAME: .....SURNAME: ..... FATHER'S NAME: .....

DATE OF BIRTH..... I.D. NUMBER.....

MAIL ADDRESS: .....

PHONE NUMBER: ..... FAX: ..... EMAIL.....

UNIVERSITY QUALIFICATIONS

SPECIFY - UNIVERSITY  
FACULTY -DEPARTMENT, COUNTRY

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
|    | _____ | _____ |
| 2. | _____ | _____ |
|    | _____ | _____ |
| 3. | _____ | _____ |
|    | _____ | _____ |

REGISTRATION NUMBER AT THE REGISTER OF GRADUATE PSYCHOLOGISTS (ΣΕΨ): .....

REGISTRATION NUMBER AT THE REGISTER OF PSYCHOLOGY SPECIALTIES (ΣΕΨ): .....

(SPECIFY REGISTERED SPECIALTY): .....

FOR ASSOCIATE MEMBERS ONLY (UNDERGRADUATE STUDENTS): UNIVERSITY – FACULTY – DEPARTMENT – YEAR OF STUDY: .....

I accept the provisions of the statutes of the Pancyprian Association of Psychologists and I declare that the information I have provided in the application is accurate..... (Please handwritten "I ACCEPT").

I declare that in the last five years, I have not been convicted of an offense involving moral turpitude or dishonesty and I have not violated the Code of Ethics nor the Law on the Registration of Professional Psychologists in such a way that I am permanently or for the present period been deprived of the right to hold a license for practicing the profession of Psychology..... (mark handwritten "I AGREE").

I authorize the Pancyprian Society of Psychologists to manage and process part or all of the data that I provide in this application or that are provided in the accompanying documents, with the aim of displaying and making them public in order to meet the purposes or decisions of the Board of Directors of the Pancyprian Association of Psychologists..... (Mark handwritten "I ACCEPT").

DATE...../...../.....

SIGNATURE.....