



REGISTRATION FORM

Username _____
(leave blank to use your email address)

Email _____

First Name _____

Surname _____

Role and Membership Number

<input type="checkbox"/> Attorney	<input type="text" value="/YYYY"/>	<input type="checkbox"/> Advocate	<input type="text" value="/YYYY"/>
<input type="checkbox"/> Mediator	<input type="text"/>	<input type="checkbox"/> Arbitrator	<input type="text"/>
<input type="checkbox"/> Facilitator	<input type="text"/>	<input type="checkbox"/> Psychiatrist	<input type="text"/>
<input type="checkbox"/> Psychologist	<input type="text"/>		

ID Number _____
or
Passport Number _____

VAT Reference Number _____

I accept the terms and conditions as printed at <https://www.counselconnect.co.za/home/termsconditions>

Signed _____

All fields on this form are required. Please complete this form and submit to Counsel Connect.

You can either

- Scan and email it to support@counselconnect.co.za
- Fax it to 086 666 4707

You will receive an activation email to confirm that you are the owner of the supplied email address. Please follow the instructions in the email to complete your registration. Note that you will be asked to, and must, change your password after activation.