

2019 AAMFT ALLIED MENTAL HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

Allied Mental Health Professional members of AAMFT have attained, and at the time of application hold, a current independent license to practice in a mental health field other than a marriage and family therapy, as defined by the AAMFT Board of Directors, that legally authorizes them to provide services to individuals, couples, and families. Verification of current licensure is required to apply for this category of membership. See acceptable licenses below.

1. Member Information:

Salutation: _____
 First Name: _____ M.I. _____
 Last Name: _____
 Former/Surname: _____
Address: Home Office
 Organization: _____
 Street Address: _____
 Apt/Suite #: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____
 Country: _____
 Phone: _____
 Fax: _____
 Email: _____

***Additional address can be updated in your member profile**

2. Member Credentials

Please indicate the degree you would like to have listed in your AAMFT membership record. This should be the degree that qualifies you to practice marriage and family therapy. The degree you choose will appear in all correspondences and in AAMFT's online Membership Directory. Please be reminded of sections 9.4 and 9.5 of the AAMFT Code of Ethics when listing your preferred degree.

Degree: _____ (Required)
University or College from which your degree was obtained:
 _____ (Required)

Licensure Information

License Type: _____
 State: _____
 License Number: _____
 Expiration Date: _____

3. Would you like to be listed in our online referral directory, TherapistLocator.net? Yes No

If yes, please be sure to visit www.therapistlocator.net to set up/update your profile. This link will be accessible through your member profile.

4. Membership Dues:

(Please Note: All Dues are Non-Refundable)

Please select the appropriate application processing fee:

- \$50.00 - New Applicant Processing Fee
 - \$50.00 - Transfer Applicant Processing Fee.
- (Please NOTE: Your payment must include the application-processing fee, national, and any opt-in engagement program fees, if applicable. If you had previously paid your national dues, that amount paid will be prorated against your national dues bill. Any overage resulting from the pro-ration will be refunded back in the form of payment received.)

- \$25.00 – Reinstatement Applicant Processing Fee.

National Dues: \$221

Engagement Program Fees*: _____

(*Please refer to engagement programs chart if opting-in)

Application Fee: _____

Total Dues Paid (US Funds Only): \$ _____

Payment Options:

- I have enclosed a check or money order (must send via mail)
Please submit payable to AAMFT in U.S. currency ONLY. A services charge of \$35.00 plus applicable charges from your bank institution is assessed for returned checks.
- I would like to pay by credit card:

- VISA Master Card American Express Discover

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

2019 AAMFT ALLIED MENTAL HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

Statement of Professional Ethics and Conduct (All Questions Must Be Answered; A thru H) If you answer “yes” to any of these statement, please provide detailed information on a separate piece of paper.

- a. Are you currently under investigation for alleged violations of the AAMFT Code of Ethics? Yes No
- b. Have you ever been found in violation of the AAMFT Code of Ethics, or ever entered into any settlement by mutual agreement with the AAMFT Ethics Committee, or agreed to discontinue an act (agreed to cease and desist) at the request of the AAMFT Ethics Committee, or AAMFT legal counsel? Yes No
- c. Have you ever been found by any other professional association to which you have belonged to have violated its ethical code, have you ever been expelled from or disciplined by any other professional organization, or are you currently under investigation for an ethical violation by any other professional organization to which you belong? Yes No
- d. Have you ever had your registration, certification or license to practice in the health care industry suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any federal, state, or provincial regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body to the best of your knowledge? Yes No
- e. Have you ever had your privileges to practice health care in a hospital, HMO, etc. suspended or restricted, or has any other disciplinary action been taken against you, on the grounds of unprofessional conduct, incompetence, negligence or unsafe practice? Yes No
- f. Have you ever been convicted of a felony or of any misdemeanor which might relate to your qualifications or functions as a therapist or other professional? Yes No
- g. Has any claim been made against you in a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including, but not limited to, the following examples: sexual intimacy with a client, a dual relationship with a client, violation of confidentiality, and so forth? If yes, please provide an explanation. Yes No
- h. To avoid punitive action, or in lieu of punitive action, have you ever voluntarily given up privileges, registration, certification or licensure to practice therapy, or agreed to restrict your practice? Yes No

Member Signature: _____ Date: _____

2019 ALLIED MENTAL HEALTH PROFESSIONAL OPTIONAL ENGAGEMENT PROGRAMS

AAMFT offers a number of optional engagement programs that members can join to enhance their member benefits. Geographic programs found in the chart below, focus on advocacy, networking, and education with a local flair. Also included in the chart are new Topical Interest Networks which bring together like-minded therapists focused on the growth of dedicated areas of the profession. Fees to join these groups provide access to networking, specialized education and training, and support advocacy and practice advancement. Rates are subject to change. Visit www.aamft.org/engage for more information on specific engagement program description and benefits.

Opt In?	Engagement Program	Annual Fee	Opt In ?	Engagement Program	Annual Fee
	Alabama Interest Network	\$48		Oklahoma Interest Network	\$60
	Alberta Affiliate	\$73		Ontario Affiliate	\$50
	Arizona Interest Network	\$70		Oregon Interest Network	\$75
	California Interest Network	\$40		Pennsylvania Interest Network	\$50
	Connecticut Interest Network	\$75		Rocky Mountain Family Therapy Network (CO, WY)	\$40
	Florida Interest Network	\$98		South Carolina Interest Network	\$85
	Georgia Affiliate	\$95		Tennessee Affiliate	\$75
	Idaho Interest Network	\$15		Texas Affiliate	\$88
	Indiana Affiliate	\$80		Washington Interest Network	\$100
	Kentucky Interest Network	\$50		Wisconsin Interest Network	\$86
	Louisiana Interest Network	\$80		Couples and Intimate Relationships	\$25
	Manitoba Affiliate	\$101		Queer and Trans Advocacy Network	\$25
	MO/KAN Interest Network	\$30		MFT's Working in Trauma	\$30
	Montana Interest Network	\$10		Family Therapists in Schools	\$20
	New Hampshire Interest Network	\$60		Systemic Therapy Across the Lifespan	\$25
	New Jersey Affiliate	\$108		Working with Military Personnel and their families	\$30
	New York Interest Network	\$75		Family Therapists in Healthcare	\$45
	North Carolina Affiliate	\$95		Telehealth and Technology	\$20
	Ohio Interest Network	\$70			