

2020 AAMFT AFFILIATE MEMBERSHIP APPLICATION

Affiliate membership signifies a commitment to staying up-to-date on the latest research, news, and clinical developments in the marriage and family profession. It is the ideal membership opportunity for the mental health professionals in a field related to marriage and family therapy or other mental health disciplines, who are not licensed nor have any plans to deliver mental health services independently.

If you are licensed in MFT or a related mental health field, you will not qualify for Affiliate membership and should apply under one of our mental health track applications. Please contact AAMFT at central@aamft.org or 703-838-9808 for a listing of category options.

1. Member Information:

Salutation: _____

First Name: _____ M.I. _____

Last Name: _____

Former/Surname: _____

Date of Birth: _____

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 online profile

2. Additional Information:

I certify that I am not a licensed mental health practitioner and have never held AAMFT Clinical Fellow membership or the AAMFT Approved Supervisor designation:

Please list your current profession:

(Required)

Applicant Signature: _____
(Required)

Date: _____
(Required)

3. Would you like to be listed in our online Membership Directory? Yes No

4. Membership Dues:

(Please Note: All Dues and Fees are Non-Refundable)

National Dues: \$161

Engagement Program Fees: _____
(Please refer to engagement programs chart if opting-in)

Application Fee: \$25

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 service 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: _____

***By signing this document, you affirm that all statements within are true, accurate and complete.**

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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 AFFILIATE MEMBERSHIP OPTIONAL ENGAGEMENT PROGRAMS

AAMFT offers a number of optional engagement programs that members can join to enhance their member benefits. Geographic programs focus on advocacy, networking, and education with a local flair. Topical Interest Networks focus 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.

Opt In?	Engagement Program	Annual Fee	Opt In ?	Engagement Program	Annual Fee
	Alabama Interest Network	\$50		Ohio Interest Network	\$10
	Alberta Affiliate	\$44		Oklahoma Interest Network	\$60
	Arizona Interest Network	\$7		Ontario Affiliate	\$35
	Connecticut Interest Network	\$70		Oregon Interest Network	\$35
	Florida Interest Network	\$25		Pennsylvania Interest Network	\$50
	Georgia Affiliate	\$45		Rocky Mountain Family Therapy Network (CO, WY)	\$25
	Idaho Interest Network	\$15		South Carolina Interest Network	\$85
	Indiana Affiliate	\$35		Tennessee Affiliate	\$80
	Kentucky Interest Network	\$20		Washington Interest Network	\$25
	Louisiana Interest Network	\$40		Wisconsin Interest Network	\$86
	Manitoba Affiliate	\$48		Couples and Intimate Relationships	\$25
	MO/KAN Interest Network	\$40		Queer and Trans Advocacy Network	\$10
	Montana Interest Network	\$10		MFT's Working in Trauma	\$30
	New Hampshire Interest Network	\$60		Family Therapists in Schools	\$25
	New Jersey Affiliate	\$7		Systemic Therapy Across the Lifespan	\$8
	New York Interest Network	\$20		Working with Military Personnel and their families	\$35
	North Carolina Affiliate	\$25		Family Therapists in Healthcare	\$35
	Margins to Center	\$20		Telehealth and Technology	\$10