



AAMFT Student Member

This application is designed for **students who are enrolled in a graduate or bachelor's marriage and family therapy program or an equivalent graduate mental health program which can reasonably be expected to lead to qualifications as a Professional member of AAMFT**. Student membership is not a guarantee of eventual Professional membership or of eventual state/provisional licensure as a mental health practitioner. Student members are responsible for seeking appropriate guidance through their training to ensure membership and/or licensing requirements. Students who are eligible for a higher membership category in AAMFT are ineligible to apply for student membership.

1. Member Information:

Prefix: _____
First Name: _____ M.I. _____
Last Name: _____
Former Last Name: _____
Date of Birth*: _____
Gender*: _____
Ethnicity*: _____
Address: Home Office
Organization: _____
Street Address: _____
Apt/Suite #: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____
Phone: _____
Email: _____

Additional addresses can be updated in your online profile.

*Voluntary and used to support diversity initiatives

2. Current Enrollment Information

Institution Name: _____
(Required)
Program of Study: _____
(Required)
Expected Degree/Certificate (MA, MS, BA, BS, etc.):
_____ (Required)
Expected Graduation Date (month/year): _____

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

4. Statement of Professional Ethics and Conduct (This question MUST be answered. If you answer "yes" to this question, please provide detailed information on a separate piece of paper.)

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; or 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

Signature: _____

Date: _____

Your signature confirms that the information you provided on this form are true, accurate and complete.

Please complete this form and submit it in its entirety. To complete the form online, go to www.aamft.org/join.

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PROFESSIONAL CATEGORY OPTIONAL ENGAGEMENT PROGRAMS

AAMFT offers 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. Membership in these programs provide access to networking, specialized education and training, and support advocacy and practice advancement. Visit www.aamft.org/engage for more information. Please include any engagement programs you would like to join by adding it in the total fee amount.

5. Payment

Application Fee: \$25 Student Member Dues: \$99 Engagement Program Fee/s: \$_____ (if applicable)
(Not applicable if renewing in the same membership type and category within dues cycle)

Indicate which Engagement Program/s you would like to join	Fees
_____	_____
_____	_____
_____	_____

Engagement Program Fees Total \$_____

Total Dues & Fees (In US Dollars only): \$_____

PLEASE NOTE: All dues and fees are in USD. Your payment must include the application-processing fee, national, and any engagement program fees, if applicable. Rates subject to change.

I authorize the Total Dues & Fees to be charged to my

Visa Mastercard American Express Discover

Name on Card: _____ Credit Card #: _____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

AAMFT is committed to providing an inclusive environment for all, regardless of gender, age, gender identity, race, health status, national origin, relationship status, sexual orientation, disability, ethnicity, socioeconomic status, and religion. Please read [AAMFT's Diversity, Equity and Inclusivity Statement](#).

By submitting this form, I verify that I have read [AAMFT's Diversity, Equity & Inclusivity statement](#).