

## 2018 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](mailto:central@aamft.org) or 703-838-9808 for a listing of category options.

### FREQUENTLY ASKED QUESTIONS:

#### **What are the annual dues, and do I have to pay right now?**

National dues are \$161.00. Members also have the option to tailor their membership benefits by opting in to join engagement programs in various U.S. states and Canadian provinces that focus on advocacy, education, and networking with a local flavor. These opportunities to be involved in leadership, peer-to-peer interaction, and vital advocacy initiatives are a key way to enhance and expand your membership! Associated fees are listed on the next page. For more information, visit [aamft.org](http://aamft.org). **Please be advised, all AAMFT dues and engagement programs fees are non-refundable.**

#### **Can I join online?**

Yes, while we encourage you to apply online so you can begin enjoying your membership benefits even faster, you can also use this application and mail or fax to AAMFT along with full payment and completion of application requirements.

#### **How long does it take for my membership to become active?**

Upon receipt, applications take approximately 3-5 business days to process. If you provide an e-mail address, we will send you a notice the moment your application has been approved. Please allow additional processing time for applications mailed with a check.

#### **How long is my AAMFT membership term?**

The AAMFT membership term is one year from the time your application is approved. For example, membership granted July 1, 2018 will expire on June 30, 2019.

#### **Are my AAMFT membership dues tax-deductible?**

Association dues may be deductible as a business expense. However, IRS regulations limit the deduction based on the association's lobbying expenses. Members should consult their tax advisors for further guidance.

#### **What Are the Benefits of AAMFT Affiliate Membership?**

- ♦ Advocacy and practice protection
- ♦ Ability to tailor member benefits by selecting engagement programs that meet your needs as your career evolves
- ♦ Family Therapy Magazine (FTM)
- ♦ Journal of Marital and Family Therapy (JMFT)
- ♦ Discounts on premier continuing education (live and online)
- ♦ Ethical advisory opinions
- ♦ Dedicated career center and job listings
- ♦ Product discounts
- ♦ Discounts on practice support services such as web hosting, EHR, and liability/health/disability insurance
- ♦ Members-only website and online community providing connections to systemic relational therapists around the world
- ♦ Much more...

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In order for the application process to go quickly and smoothly, please make sure to include the following:

- Your completed application (please keep a copy for your files).
- Submission of applicable fees payable in U.S. dollars only; fees include National Dues (\$161); any fees for opt-in engagement programs (please see the chart below), and an application processing fee of \$25.
- Completed *Statement of Professional Ethics and Conduct* (section 8 of this application). Be sure each question is answered and the section is signed and dated.

## 2018 AFFILIATE MEMBERSHIP 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. In 2019, AAMFT will introduce topical-focused programs to 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 [aamft.org](http://aamft.org) for more information on specific engagement program benefits.

Engagement Program	Fees	Engagement Program	Fees	Engagement Program	Fees
Alabama Affiliate	\$35	Louisiana Interest Network	\$40	Ontario Affiliate	\$35
Alberta Affiliate	\$44	Manitoba Affiliate	\$48	Oregon Interest Network	\$36
Arizona Interest Network	\$25	Missouri Interest Network	\$44	Pennsylvania Interest Network	\$22
California Interest Network	\$28	Montana Interest Network	\$20	Rhode Island Interest Network	\$29
Connecticut Interest Network	\$70	New Hampshire Interest Network	\$25	South Carolina Interest Network	\$22
Florida Affiliate	\$24	New Jersey Affiliate	\$22	Tennessee Affiliate	\$23
Georgia Affiliate	\$45	New York Interest Network	\$30	Texas Affiliate	\$24
Idaho Interest Network	\$10	North Carolina Affiliate	\$26	Washington Interest Network	\$25
Indiana Affiliate	\$35	Ohio Affiliate	\$35	Wisconsin Interest Network	\$27
Kansas Interest Network	\$40	Oklahoma Affiliate	\$27	Rocky Mountain Family Therapy Network (CO, WY)	\$20

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**Applicants MUST apply for the highest level of membership for which they qualify. Student, Pre-Clinical Fellow and Pre-AMHP members MUST transfer membership upon completion of the requirements for the next level of membership.**

**1. Are you currently a member of AAMFT? (check one):**

- No, I am a new applicant.  
 Yes, I want to reinstate my Affiliate membership.  
Current member number (if known) \_\_\_\_\_  
 Yes, I want to transfer member categories from:  
(please check one)  
 Student  Pre-Allied Mental Health Professional  
 Pre-Clinical Fellow

**2. Demographics (please print):**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Former/Surname: \_\_\_\_\_  
Preferred mailing address:  Home  Office

**a. Office Address:**

Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**b. Home Address:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

If yes, which address would you like to use:

Home  Work

Listing Phone: \_\_\_\_\_

Listing Email: \_\_\_\_\_

**4. Other Information:**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

**5. Membership Dues:**

(Please Note All Dues are Non-Refundable)

National Dues: **\$161.00** \_\_\_\_\_

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

Application Fee: **\$25.00** \_\_\_\_\_

(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.)

**Dues Total:** \_\_\_\_\_

**6. Payment Options:**

I have enclosed a check or money order

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: \_\_\_\_\_

Credit Card Billing Address:  Home  Work

Other: \_\_\_\_\_

Signature: \_\_\_\_\_

For AAMFT Office Use Only  
ID# \_\_\_\_\_

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## 7. 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)

## 8. Statement of Professional Ethics and Conduct

(All Questions Must Be Answered)

- 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
  - ♦ If you answered "yes" to any of the above, please provide detailed information on a separate piece of paper.
  - ♦ I affirm that the statements made in this application are true.
  - ♦ I hereby give permission to the AAMFT to request appropriate information regarding the action(s) named above from the:
    - AAMFT Ethics Committee, relevant regulatory bodies, professional associations(s), agencies and/or court(s).
  - ♦ I have read and agree to abide by the AAMFT Code of Ethics.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_