

2018 AAMFT STUDENT APPLICATION

Student members are those who are enrolled in a graduate marriage and family therapy program or an equivalent graduate mental health program which can reasonably be expected to lead to qualifications as an Allied MHP or Clinical Fellow member of AAMFT. Student membership is not a guarantee of eventual Allied MHP or Clinical Fellow 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.

FREQUENTLY ASKED QUESTIONS:

How long can I remain a Student member?

A Student member can hold student membership until he or she graduates— then must transfer to Pre-Clinical Fellow. If an applicant does not pursue MFT licensure in the US or Pre-Clinical Fellow membership under the evaluative track if outside of the US, they must transfer to Affiliate member on their expected graduation date or to Pre-Allied MHP if a different mental health license will be pursued.

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

National dues are \$63.00 and are mandatory and due with the application. 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. **Please be advised, all AAMFT dues and engagement programs fees are non-refundable.**

When will my Professional Liability Insurance begin?

Once we have received and processed your application, we will forward your membership information to the AAMFT's endorsed professional liability carrier. 1 to 2 business days after you receive your welcome email, click on the link in your email to self-enroll for your policy. Your policy time period will start the date of your AAMFT membership.

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

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

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 Student Membership?

- ♦ Free Student Liability Insurance (United States applicants only)
- ♦ Discounted Student Conference Rates and Volunteer Opportunities
- ♦ 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 (\$63); any fees for opt-in engagement programs (please see the chart below), and an application processing fee of \$25.
- Completed Current Enrollment Verification (section 6).
- Completed *Statement of Professional Ethics and Conduct* (section 7 of this application). Be sure each question is answered and the section is signed and dated.

2018 STUDENT 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 for more information on specific engagement program benefits.

Engagement Program	Annual Fee	Engagement Program	Annual Fee	Engagement Program	Annual Fee
Alabama Affiliate	\$7	Louisiana Interest Network	\$5	Ontario Affiliate	\$10
Alberta Affiliate	\$0	Manitoba Affiliate	\$10	Oregon Interest Network	\$11
Arizona Interest Network	\$7	Missouri Interest Network	\$6	Pennsylvania Interest Network	\$9
California Interest Network	\$7	Montana Interest Network	\$4	Rhode Island Interest Network	\$5
Connecticut Interest Network	\$15	New Hampshire Interest Network	\$25	South Carolina Interest Network	\$0
Florida Affiliate	\$9	New Jersey Affiliate	\$10	Tennessee Affiliate	\$0
Georgia Affiliate	\$9	New York Interest Network	\$5	Texas Affiliate	\$8
Idaho Interest Network	\$10	North Carolina Affiliate	\$0	Washington	\$5
Indiana Affiliate	\$15	Ohio Affiliate	\$7	Wisconsin	\$12
Kansas Interest Network	\$10	Oklahoma Affiliate	\$5	Rocky Mountain Family Therapy Network (CO, WY)	\$0

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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 Student membership.
Current member number (if known) _____
 Yes, but I have completed my graduate studies.
Please contact AAMFT at central@aamft.org or 703-838-9308 for more information on transferring categories prior to completing your application.

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: 63.00

* Engagement Program Fees: _____

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

Application Fee: 25.00

Dues Total: _____

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 or debit card:

VISA Master Card American Express Discover

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Credit Card Billing Address: Home Work

Other: _____

Signature: _____

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6. Current Enrollment Verification

Institution Name: _____
(Required)

Program of Study: _____
(Required)

Expected Degree/Certificate (MA, MS, PhD, etc.):

(Required)

Expected Graduation Date (mo/yr): ____/____
(Required)

7. 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 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: _____