

2020 AAMFT PRE-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: _____
 Date of Birth*: _____
 Gender*: _____
 Ethnicity*: _____
 Address: Home Office
 Organization: _____
 Street Address: _____
 Apt/Suite #: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____
 Country: _____
 Phone: _____
 Email: _____

Additional address can be updated in your online 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 sought: _____
 State in Which Licensure Sought: _____
 Estimated Date of full MFT licensure:

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

*All optional items are kept confidential and used only for accuracy in identifying record & membership diversity, creating future programs and customizing member offers and communications.

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 information you provided on this form are true, accurate and complete.

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2020 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 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 select any engagement programs you would like to join from the table below.

Opt-In?	Engagement Program	Annual Fee	Opt-In ?	Engagement Program	Annual Fee
	Alabama Interest Network	\$30		Ohio Interest Network	\$25
	Alberta Affiliate	\$44		Oklahoma Interest Network	\$29
	Arizona Interest Network	\$20		Ontario Affiliate	\$30
	Connecticut Interest Network	\$50		Oregon Interest Network	\$50
	Florida Interest Network	\$25		Pennsylvania Interest Network	\$50
	Georgia Affiliate	\$40		Rocky Mountain Family Therapy Network (CO, WY)	\$25
	Idaho Interest Network	\$10		South Carolina Interest Network	\$30
	Indiana Affiliate	\$35		Tennessee Affiliate	\$37
	Kentucky Interest Network	\$50		Washington Interest Network	\$30
	Louisiana Interest Network	\$32		Wisconsin Interest Network	\$37
	Manitoba Affiliate	\$50		Couples and Intimate Relationships	\$15
	MO/KAN Interest Network	\$15		Queer and Trans Advocacy Network	\$15
	Montana Interest Network	\$20		MFT's Working in Trauma	\$25
	New Hampshire Interest Network	\$25		Family Therapists in Schools	\$15
	New Jersey Affiliate	\$26		Systemic Therapy Across the Lifespan	\$12
	New York Interest Network	\$25		Working with Military Personnel and their families	\$25
	North Carolina Affiliate	\$25		Family Therapists in Healthcare	\$35
	Margins to Center: C/MFTs of Color	\$15		Telehealth and Technology	\$15

5. Payment

Please select your application category.

New Applicant
 Transfer Applicant
 Reinstatement Applicant

Application Fee: \$25
 National Dues: \$146
 Engagement Programs Fee:
 (Please refer to engagement programs chart if opting-in)

Total Dues & Fees Paid (USD Only): \$

(Please NOTE: Your payment must include the application-processing fee, national, and any engagement program fees, if applicable. Rates subject to change)

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: _____

Signature: _____ Date: _____