

2020 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.

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. Current Enrollment Information

Institution Name: _____
 (Required)
 Program of Study: _____
 (Required)
 Expected Degree/Certificate (MA, MS, PhD, etc.): _____

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

Please select the appropriate application processing fee:

- \$25.00 - New Applicant Processing Fee
 \$25.00 - Transfer Applicant Processing Fee.

(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.)

- \$25.00 – Reinstatement Applicant Processing Fee.

National Dues: \$75

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 BELOW, 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. You affirm all statements are true, accurate and complete. 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 STUDENT 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 F
	Alabama Interest Network	\$20		Ohio Interest Network	\$10
	Alberta Affiliate	\$0		Oklahoma Interest Network	\$5
	Arizona Interest Network	\$7		Ontario Affiliate	\$15
	Connecticut Interest Network	\$15		Oregon Interest Network	\$40
	Florida Interest Network	\$25		Pennsylvania Interest Network	\$25
	Georgia Affiliate	\$9		Rocky Mountain Family Therapy Network (CO, WY)	\$5
	Idaho Interest Network	\$10		South Carolina Interest Network	\$15
	Indiana Affiliate	\$20		Tennessee Affiliate	\$15
	Kentucky Interest Network	\$20		Washington Interest Network	\$10
	Louisiana Interest Network	\$5		Wisconsin Interest Network	\$12
	Manitoba Affiliate	\$10		Couples and Intimate Relationships	\$10
	MO/KAN Interest Network	\$15		Queer and Trans Advocacy Network	\$10
	Montana Interest Network	\$5		MFT's Working in Trauma	\$15
	New Hampshire Interest Network	\$25		Family Therapists in Schools	\$5
	New Jersey Affiliate	\$47		Systemic Therapy Across the Lifespan	\$8
	New York Interest Network	\$20		Working with Military Personnel and their Families	\$20
	North Carolina Affiliate	\$0		Family Therapists in Healthcare	\$15
	Margins to Center	\$10		Telehealth and Technology	\$15