



Advancing Family Therapy
training and clinical practice
since 1979.

The Australian Association of Family Therapy Inc.

PO BOX 2351. RICHMOND VIC 3121. AUSTRALIA . Tel 0499 078 211

www.aaft.asn.au admin@aaft.asn.au ABN 44 698 290 795

Nomination Form for Clinical Family Therapist Membership of Aaft

Applicant

I, _____ of

(address) _____

apply to become a Clinical Family Therapist member of the Australian Association of Family Therapy Inc., I declare that the information provided by me is accurate, and that in the event of admission as a Clinical Family Therapist member, I agree to abide the rules of the Association 2019 for the time in force.

Signed _____

Date _____

The Nominators

I, _____ of

(address) _____

a Clinical Family Therapist member of the Australian Association of Family Therapy, I nominate the above applicant (who is personally known to me), for membership of the Association.

Signed _____

Date _____

2. I, _____ of

(address) _____,

a Clinical Family Therapist member of the Australian Association of Family Therapy, I nominate the above applicant (who is personally known to me), for membership of the Association.

Signed _____

Date _____