



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

GENERAL MEMBERSHIP APPLICATION FORM

General Membership is open to any applicant who does not meet the requirements for Clinical Family Therapist or Professional Membership, but has some relevant training in the practice of family focused work. Applicants must satisfy the committee that they meet the criteria to be a General Member as determined by the Committee of Management. This Membership category is open to students, retired, non-practicing practitioners or those who have an interest and/or training in the practice of family focused work. A General Member is encouraged to align their practice with the AAFT Code of Ethics, however their practice is ultimately bound and adjudged by their own professional Code of Ethics or employer. A General Member is **not** entitled to identify themselves as a "Clinical Family Therapist (AAFT)" or "Family Therapist AAFT".

CONTACT DETAILS:

Name _____

Address _____

City _____ STATE _____ Post code _____

Phone1: _____ Phone2: _____

Email1: _____ Email2: _____
(Please print clearly) (Please print clearly)

GENERAL DETAILS:

Job Title: _____

Qualifications: _____

Languages other than English: _____

FAMILY THERAPY SPECIFIC DETAILS *:

* These questions are optional, they are not criteria for selection into membership, AAFT uses this information to be informed of its membership.

Family Therapy Training and Supervision (completed and in progress):

Has any other professional organisation or registration board found you to have breached a code of ethics or to have engaged in unprofessional conduct? *

* A yes answer will not necessarily exclude membership; however further information may be sought. YES NO

AAFT collects this information to protect the integrity of its membership. This information will not go beyond the Committee of Management and will remain on file for the duration of your AAFT membership.

OTHER PROFESSIONAL MEMBER ASSOCIATIONS TO WHICH I BELONG:

Australian Association of Social Workers <input type="checkbox"/>	Psychotherapy and Counselling Federation of Australia <input type="checkbox"/>
Australian Psychological Society <input type="checkbox"/>	Australian College of Mental Health Nurses <input type="checkbox"/>
Australian Health Practitioners Regulation Agency <input type="checkbox"/>	Other <input type="checkbox"/> Please Specify

I WOULD LIKE TO RECEIVE A HARD COPY OF THE ANZJFT (\$35 annually)

By signing this document, I agree to be bound by the Rules of Association for the time being in force as and from my admission as a General Member.

Signed: _____ Date: _____

Please see go to <https://www.aaft.asn.au/aaft/make-a-payment/> for online payment options- (\$220.00 Annual Fee + \$14 Once-off Admin Fee)

Forward cheques or money orders to:

AAFT Office Manager

PO BOX 2351 RICHMOND VIC 3121 Email admin@aaft.asn.au

RENEWALS ARE DUE ON THE 1ST JULY. You will be sent an invoice annually