

For AAFT Office Use Only ID#:

# **Organizational Membership Application Form**

	Annual Subscription Fee (US Dollar)
Organizational Membership	US\$520

# **PART I: Organization Details**

Name of Organization:	
Correspondence Address:	
Contact Person: (Prof/ Dr/ Mr/ Ms*)	Phone no:
E-mail address of Contact Person:	
Organizational Aims and Objectives:	
Would you like to be listed in our online directory?	□ Yes □ No

# PART II: Details of Nominated Members:

1.	[ ] Full Member [ ] Fellow (Prof/ Dr/ Mr/ Ms*) First name: Position in Organization: E-mail Address: Highest Academic/Professional Qualifications/ Training	Contact Tel. No:
2.	[ ] Full Member [ ] Fellow (Prof/ Dr/ Mr/ Ms*) First name: Position in Organization: E-mail Address: Highest Academic/Professional Qualifications/ Training	Contact Tel. No:
3.	[ ] Full Member [ ] Fellow (Prof/ Dr/ Mr/ Ms*) First name: Position in Organization: E-mail Address: Highest Academic/Professional Qualifications/ Training	Contact Tel. No:

\* Please ( $\checkmark$ ) as appropriate.

# If applicant wishes to apply for Fellow member, please submit copies of academic and training documents.



# PART III: Checklist

Before submitting the form, please ensure that you have provided the following supporting documents:

- □ Completed Application Form,
- □ Required documents as necessary for nominated members who are interested in applying for Fellow membership (please see Fellow member criteria below); and
- □ Enclosed a cheque or have completed payment of membership dues online (http://form.acafamilytherapy.org/E/form.asp?form\_id=46).

#### PART IV: Acknowledgement and Declaration

•	I hereby agree and authorize the Academy to use the information that I have provided in this membership application form for assessment and other membership-related service purposes. I understand that the membership category to which I may be admitted shall be that deemed by the Academy to be appropriate, and I agree to abide by the articles, rules, and regulations of the Academy.
•	I declare that the information provided in this application are true. I understand that any willful misstatement will render my membership application/ status liable to disqualification.
Sig	nature of Contact Person: Date:
Co	mpany Chop:

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Application form received on:				
Remarks:				
Information checked by:	_ on (DDMMYY)			
AAFT Membership number:				





# **Membership Information Sheet**

#### <u>Why join AAFT?</u>

- AAFT members enjoy exclusive access to our facilities and benefit from discounted rates for selected trainings, workshops, and our annual conference.
- Our members will have the opportunity to participate in a live case demonstration, subject to availability and on a first come, first served basis. To reserve a spot, please contact <a href="mailto:membership@acafamilytherapy.org">membership@acafamilytherapy.org</a>.
- Hong Kong-based members are eligible to receive professional indemnity insurance offered through AAFT.
- Members have opportunity to engage in AAFT's diverse clinical projects.
- AAFT members can actively participate in peer-group learning, collaboration, and sharing of ideas and experiences.
- Members have the right to use the titles such as "AAFT Honorary Fellow/ Fellow/ Life Member/ Full Member/ Student Member/ Organizational Member".
- The American Association for Marriage and Family Therapy (AAMFT) now accepts applications for professional membership from individuals who hold AAFT Fellow status.

# I. Membership Categories

- 1. Honorary Fellow
- 2. Fellow
- 3. Full Member / Life Member (one-off)
- 4. Student Member
- 5. Organizational Member

# II. Membership Criteria

1. Honorary Fellow

Honorary Fellow is awarded by invitation only to practitioners who has demonstrated distinguished contributions to the advancement in the field of marriage and family therapy, specifically in areas such as advanced practice, research, teaching, and policy making.

#### 2. Fellow

An applicant who is interested in becoming a Fellow should:

- possess a Master's or Doctoral degree in marriage and family therapy, related mental health field, or equivalent,
- have a minimum of three years of professional work experience in marriage and family therapy following receipt of master's or doctorate degree. This experience should include at least 20 cases using the systemic approach.
- submit a comprehensive case study either through video presentation or in written form, showcasing their proficiency in working with such cases within the local context.
- have accumulated a minimum of 100 hours of supervision, including individual and group, by a credible supervisor,
- be nominated by two AAFT Fellows; and
- undergo approval by the AAFT Vetting Committee, which comprises the Chair of Accreditation Committee, Chair of Membership Committee, AAFT Clinical Directorate, AAFT Executive Director, and a representative from the applicant's region.



3. Full Member / Life Member (one-off)

An applicant is eligible to become a Full Member if he/she has attained educational requirements for licensure or certification in the human services profession or equivalent. He/ She can pay a one-off membership fee to become a Life Member.

#### 4. Student Member

An applicant is eligible to become a Student Member if he/she is enrolled in a degree program in marriage and family therapy, human service programs, related mental health field, or equivalent.

5. Organizational Member

Organizational membership is designed for professional or social service organizations/ associations/ societies/ institutions who share the mission of AAFT. Each Organization may nominate up to three members who will be eligible for AAFT membership.

	Annual Subscription	Three-year Subscription	Subscription fee
Categories	Fee	Fee	_
Fellow Member	US\$210	US\$630	
Full Member	US\$150	US\$450	
Student Member	US\$110		
Organizational Member	US\$520		
Life Member			US\$1,320*

#### Membership Fees<sup>1</sup>

<sup>1</sup> Membership fee is non-refundable unless the application is unsuccessful. \*Full Members may choose to pay the Life Member fee for permanent Full Membership.

#### Payment Method:

- a. Send in a crossed cheque made payable to Asian Academy of Family Therapy Limited by post;
- *b.* Mail the bank-in slip (*please write your name and "membership application" at the back*) to AAFT by post or by email at <u>info@acafamilytherapy.org</u>.

Account Name: Asian Academy of Family Therapy Limited Account No.: 024-769-168832-668 Bank Name: Hang Seng Bank Limited Swift Code: HASEHKHH

 c. Pay online by credit card: Organizational Member USD <u>https://buy.stripe.com/fZe4kd9d51hWbMk6oM</u>