

Approval (completed by the Board)

Membership approved on []

Signed on behalf of the Board by
.....



AUSTRALIAN
INSTITUTE OF
EMOTION
FOCUSED
THERAPY

To the Director for Memberships
AIEFT Inc
16A Toorak Road, South Yarra VIC 3141

Application to be a Member of the Australian Institute of Emotion Focused Therapy (AIEFT Inc)

I apply to be a Member of the AIEFT of the following grade:

Associate (*open to all*)

Full (*Accredited EFT practitioners only*)

Personal Details (for official use only)

Name of proposed member

Residential Address (not PO Box or work address)

.....

Phone number

Email

Conditions of Application

- ✓ I have paid the prescribed fee (refundable if membership is not approved)
- ✓ I agree be bound by the AIEFT's Constitution and Conditions of Membership
- ✓ I understand that the AIEFT is able to revoke membership at any time
- ✓ I understand that if I cancel my membership, fees for that year cannot be refunded
- ✓ I authorise the AIEFT to place my name on its Register of Members
- ✓ I authorise the AIEFT to send me email updates on AIEFT related information and AIEFT events
- ✓ I acknowledge that: the AIEFT will not release my contact details to any other persons or entities; at all times my personal information is protected by relevant privacy legislation
- ✓ I agree to notify the AIEFT within two weeks if there are any changes to my practice status, registration status, or any other matter that could be deemed by the Board to influence my membership
- ✓ I understand that by not renewing my membership, my membership will be ended

Website listing for Full Members

As a Full Member, I [*circle as appropriate*] DO / DO NOT wish the AIEFT to list my name, work email, work website, work phone, and/or photograph, on the AIEFT website under list of accredited practitioners.

- ✓ I understand that it is my responsibility to forward the correct information to the webmaster, and to keep these details up to date (the details provided above will NOT be automatically transferred to your listing for privacy reasons)

Fees

Full membership is \$100, Associate membership is \$25. Membership runs from 1st January to 31st December each year. Membership fees paid after 1st September for new members will cover for the current membership year and the next.

Payment should be made by direct bank transfer to:

AIEFT
BSB: 633-000
Acc: 178 858 056

Please ensure your name is clearly indicated in the payment.

I have read the AIEFT membership policy and agree to all the terms of membership above.

Signed Date/...../.....

Full Name

Return Scanned Application With Attachments To:

membership.aieft@gmail.com

Attachments Required

- Receipt of payment
- Evidence of attendance at a minimum 2-day AIEFT approved workshop on EFT (*Full Memberships applications only*)
- Evidence of current membership of at least one accredited body by the AIEFT: AHPRA, PACFA or others (*Full Membership applications only*)