

Approval (completed by the Board)

Membership approved on []

Signed on behalf of the Board by

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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)

Personal Details (for official use only)

Name of proposed member

Residential Address (not PO Box or work address)

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Phone number

Email

How did you learn about AIEFT membership?

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Fees

Membership is \$100 per calendar year (1st January to 31st December). 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 and 'Membership 20XX' is clearly indicated in the payment subject line.

Conditions of Application

- I have paid the prescribed fee (refundable if membership is not approved)
- I have included evidence of current accreditation as a mental health practitioner or student working towards accreditation
- 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 Accredited Practitioner Members

As an Accredited Practitioner 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)

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 current accreditation as a mental health practitioner (e.g. AHPRA registration certificate) or status as a student working towards accreditation (e.g. proof of enrollment form)