

For AAFT Office Use Only

ID#: \_\_\_\_\_

## Fellow Membership Application Form

	Annual Subscription Fee	
<input type="checkbox"/> Fellow	US\$210	HK\$1,500

### **PART I: Personal Details**

- ☐ Family therapist
 ☐ Psychotherapist
 ☐ Counselor
 ☐ Social worker  
☐ Medical practitioner
 ☐ Nurse
 ☐ Teacher
 ☐ Others \_\_\_\_\_

(Prof/ Dr/ Mr/ Ms\*) First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name in other languages (if applicable): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no: \_\_\_\_\_ Fax no: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Would you like to be listed in our online directory? ☐ Yes ☐ No

### **PART II: Academic/Professional Qualifications/ Training Attainment**

Educational Institution	Major	Certificate/Degree Earned	Dates (To/From)	Date Obtained

*#Please indicate level of qualification attained, i.e., PhD, Master's, Bachelor's, Certificate, Diploma, Post-Secondary, etc and **submit copy of the academic certificates and/or qualification proof together with the completed application form.***

### **PART III: Supervised Clinical Practicum**

Applicants should provide a record that shows he/she had received a minimum of 150 hours of supervision.

Name of Organization	Supervisor(s)	Dates (To/ From)	Total # Client Contact Hours Earned

### **PART IV: Specialized Area(s) of Expertise or other Professional Achievements**

Area(s) of Expertise or Professional Achievements	Awarding Institution	Date Earned

### **PART V: Nomination**

Proposed By: <div style="margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Name</div> </div> <div style="margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Signature</div> </div> <div style="margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Date (DD/MM/YY)</div> </div>	Seconded By: <div style="margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Name</div> </div> <div style="margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Signature</div> </div> <div style="margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Date (DD/MM/YY)</div> </div>
--	--

### **PART VI: Checklist**

<p>Before submitting the form, please ensure that you have provided the following supporting documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Graduation from Master's degree or above in marriage and family therapy, human services field or equivalent;</li> <li><input type="checkbox"/> Clinical experience record indicating you have fulfilled a minimum of 3 years of post-graduate experience in working with families and/ or systemic work;</li> <li><input type="checkbox"/> Record of number of supervised hours and name(s) of supervisor; and</li> <li><input type="checkbox"/> Enclosed a cheque or completed the membership dues payment online.</li> </ul>
---

## **PART VII: 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.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

### **FOR OFFICIAL USE ONLY**

Application form received on: \_\_\_\_\_

Information checked by: \_\_\_\_\_ on (DD/MM/YY) \_\_\_\_\_

\*Accept / Reject Application (\* Please delete as appropriate) on (DD/MM/YY) \_\_\_\_\_

### **Signatures by vetting committee:**

_____ Name	_____ Name	_____ Name
_____ Signature	_____ Signature	_____ Signature
_____ Date	_____ Date	_____ Date

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Membership Category Description

### **Membership Categories and Criteria**

a. 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.

b. Fellow<sup>#</sup>

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 at least three years of post-graduate experience in working with families, including case practice, systemic training;
- accumulated a minimum of 150 hours of supervision (including individual and group);
- be nominated by two AAFT Fellows; and
- be approved by Vetting Committee of AAFT, which is comprised of senior practitioners from Japan, Korea, Taiwan, Hong Kong, and Mainland China.

<sup>#</sup>*Details will be confirmed shortly.*

c. 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.

d. 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.

e. 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.

### Application Procedure

All applications will be reviewed by the Vetting Committee comprised of the AAFT Clinical Directorate and AAFT Membership Committee, the latter of which includes the Membership Committee Chairperson and a list of regional representatives.

Please send your completed application together with all related documents to: Membership Committee, Asian Academy of Family Therapy Limited, No. 4 Pottinger Street, Central, Hong Kong. Successful applicants will be notified in writing and will receive a certificate signed by the Clinical Directorate of AAFT.

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

Categories	Annual Subscription Fee (Payable in HK dollar or US dollar)	
Fellow	US\$210	HK\$1,500
Full Member / Life Member*	US\$150 / US\$1,320*	HK\$1,000 / HK\$10,000*
Student Member	US\$110	HK\$800
Organizational Member	US\$520	HK\$4,000

<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.

#Please note that all members of AAFT must belong to the highest category of membership for which they are eligible based on their professional achievement. All dues and fees are non-refundable.

### Payment Method:

- Send in a crossed cheque made payable to Asian Academy of Family Therapy Limited or bank-in slip with name and "membership application" written at the back to AAFT by post or via email at [info@acafamilytherapy.org](mailto:info@acafamilytherapy.org)  
 Account Name: Asian Academy of Family Therapy Limited  
 Account No.: 024-769-168832-668  
 Bank Name: Hang Seng Bank Limited  
 Swift Code: HASEHKHH
- Pay online by credit card. For payment details, please visit <https://www.acafamilytherapy.org/membership>

### Members Benefits

- Members have access to the facilities at AAFT and can enjoy discount for selected trainings and workshops.
- Members will be entitled to join one live case demonstration on a first come, first served basis. (Please email [membership@acafamilytherapy.org](mailto:membership@acafamilytherapy.org) for reservation.)
- Members residing in Hong Kong will be eligible for professional indemnity insurance offered through AAFT.
- Members will have opportunities to engage in AAFT's diversified clinical projects.
- Members can participate in AAFT's peer-group learning, collaboration and sharing of ideas and experiences.
- Members can use the title, "AAFT Honorary Fellow/ Fellow/ Full Member/ Life Member/ Student Member/ Organizational Member".