



Houston Association for Marriage and Family Therapy

Today's Date: _____

Please check: New Member Renewal (If renewal, when did you first join HAMFT? _____)

Referred by: _____

AAMFT Membership: Yes (If yes, please provide you AAMFT ID# _____)
 No (If no, you are still eligible to subscribe to HAMFT events and CEUs)

DIRECTORY INFORMATION:

*Please indicate which information you wish to appear in the HAMFT Directory by checking the box

NAME [including degree(s) & licensure(s)]: _____

Home Address: _____

City/State/Zip: _____

Business Address: _____

City/State/Zip: _____

Phone: (home) _____ (cell) _____ (work) _____

Email: _____

Specialties: _____

Languages spoken (besides English): _____

Geographical Area of Practice: (please check one or two areas)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Bellaire | <input type="checkbox"/> Downtown | <input type="checkbox"/> East/Baytown | <input type="checkbox"/> Fort Bend Co. |
| <input type="checkbox"/> Galleria | <input type="checkbox"/> Galveston/Chambers | <input type="checkbox"/> Heights/Lower Heights | <input type="checkbox"/> Kingwood/Humble |
| <input type="checkbox"/> Med Center/Museum | <input type="checkbox"/> Memorial/Spring Branch | <input type="checkbox"/> Montrose/River Oaks | <input type="checkbox"/> Northwest 290/Cypress |
| <input type="checkbox"/> 249/Tomball | <input type="checkbox"/> Rice Village/West U | <input type="checkbox"/> SE/Clear Lake | <input type="checkbox"/> SW/Brazoria Co |
| <input type="checkbox"/> West Houston/Katy | <input type="checkbox"/> Spring/Woodlands/Conroe | | |
| <input type="checkbox"/> Other: _____ | | | |

Check here if you prefer having your newsletter mailed to you (instead of emailed) for a \$10 fee.

	HAMFT ANNUAL DUES:	HAMFT BIENNIAL DUES:
Clinical Member	\$60 _____	\$100 _____
Associate Member (two year membership only)		\$45 _____
Subscription (non-AAMFT members)	\$60 _____	\$100 _____
Student Member	\$15 _____	\$35 (3 years, not 2) _____
Fee for mailing newsletter	\$10 _____	\$20 _____
PAC Contribution (recommended)	\$ _____	\$ _____
Warm Hearth Fund Contribution (recommended)	\$ _____	\$ _____

TOTAL \$ _____

Make checks payable to HAMFT and send to:
HAMFT c/o 650 Ripple Creek Drive, Houston, TX 77057

HAMFT Application Supplemental Information

Membership/Subscription Incentives

- Incentive for early membership renewal is inclusion in the HAMFT Directory.
- Access to FREE Continuing Education credits, including three (3) ethics CEUs, every year.
- A variety of professional networking opportunities
- The ability to continue to be informed about the evolving MFT profession and the opportunity to contribute to the Political Action Committee (PAC) fund, thus enabling your active participation in the growth of the MFT profession.

Subscription vs. Membership

- HAMFT participant categories are to be congruent with those of the American Association for Marriage & Family Therapy

12 Month & 24 Month Memberships/Subscriptions

- Membership Categories & Annual Dues Cost:
 - Clinical Member: \$60
 - Subscription Member: \$60
 - Student Member: \$15
- Membership Categories & Biennial (two-year) Dues Cost:
 - Clinical Member: \$100
 - **Associate Member: \$45 (LMFTAs join HAMFT for a two-year period):**
 - Subscription Member (not a member of AAMFT): \$100
 - Student Member: \$35 good for a **three-year** membership with HAMFT

If contact information and/or professional status information changes during the membership/subscription term, please email updated information to Elizabeth Cobb at elizabeth@bosplace.org.

Thank you and Welcome to HAMFT!