
CAMFT ACTCF

The Canadian Association for Marriage and Family Therapy
L'association Canadienne pour la thérapie conjugale et familiale

MEMBERSHIP APPLICATION

For those Licensed Marriage and Family Therapists (LMFT)
wanting to be grand-parented into CAMFT as an RMFT
OR

Members of AAMFT that would like to be grand-parented into
CAMFT in an equivalent member category.

Frequently Asked Questions:

I'm an LMFT and/or a member of the American Association for Marriage and Family Therapy. (AAMFT). Is this the application form I should use?

Yes, please complete the form below and send it along with attachments to admin@camft.ca

How long will it take for me to know that my application has been accepted?

- Once we are certain that we have all the documentation required and the application is reviewed it could take 1 – 2 weeks. You can ensure timely processing by being certain you have submitted all documents requested.

How much is the application fee for Registered Marriage and Family Therapist (RMFT) membership?

- Members of AAMFT and LMFT applicants who meet the criteria will be grand-parented and have their application fees waived.

How much is the CAMFT annual membership fee for RMFT Members and when is it payable?

- The annual CAMFT membership fee for an RMFT Member is \$125.00. Associate members \$100.00, Affiliates are \$75.00 and students \$50. After your membership application is approved you will have fourteen (14) days to pay your annual membership fee to complete your application. You will be emailed an invoice to make your payment.

To complete your application include:

- It is the applicant's responsibility to provide all requested information.
- If you reside in Canada please include an up-to-date certificate from any regulatory college of which you are required to be a member. (E.g, College of Registered Psychotherapists of Ontario (CRPO) College of Social Work, or **Ordre professionnel de la physiothérapie du Québec (OPPQ)**).

APPLICATION FORM FOR LMFTS AND AAMFT MEMBERS

1. Demographics (please print)

First Name: _____ Email: _____

Middle Name: _____ Work Phone # _____

Last Name: _____ Home or cell # _____

Mailing Address: _____

Postal Code: _____

2) Degree: _____ Abbreviation: _____

This should be the degree that qualified you to become an LMFT or AAMFT Clinical Fellow or Pre-Clinical Fellow.

3) Please include a copy of your LMFT license with your application.

OR

Include an AAMFT document that shows your membership status.

4) I understand that RMFTs must complete 16 hours of continuing education. Yes: ___
Information about CEUs can be found on www.camft.ca

5) Ethics

Has your registration, certification or license to practice in the health care industry ever been suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any provincial, federal or state, regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body or professional association to the best of your knowledge?

Yes _____ No _____

AAMFT members will be grand-parented into an equivalent membership category with CAMFT.

Would you like to join the BC Branch of CAMFT? Yes ___ No ___ If you checked yes you will be invoiced by CAMFT for the Branch dues. BC Branch dues are \$75 for RMFT and Affiliate, \$50 for Associate and \$25 for Students.

Applicant's Signature: _____

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