
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 send a photocopy of your LMFT license or an AAMFT document that shows your membership status to admin@camft.ca, along with this application. We will respond and provide you with more information.

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 ready to be 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).

Post Office Box 1064 • Tottenham L0G 1W0 • Ontario
1-888-656-3495
www.camft.ca

**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. **Please include a copy of your degree with your application.**

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.

Applicant's Signature: _____