

Membership No.



**INDIAN ASSOCIATION for FAMILY THERAPY (IAFT)**  
website: [www.iaft.org.in](http://www.iaft.org.in)

Application for Membership

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Particulars of the Applicant

Name  Ms  Mr  Dr  Prof  
(BLOCK Letters, please)

Date of Birth  
(Date/Month/Year)

Nationality

Marital Status (Optional)

Address

Educational / Professional Qualifications

Present Occupation

Name of the Organisation / Institution

Address

Address for Correspondence

Phone (home)

Phone (work)

Cell no.

Fax

E-mail

Alternate e-mail

Area(s) of Practice and/or Research Interest

Membership of any other Academic / Professional bodies

Please write briefly-

a) Your reasons to join IAFIT

b) How you can contribute or further the interests of IAFIT

Type\* of Membership applied for  Regular (full-time)  Associate

(Tick one only) \*for details read attached note on membership

Nominated for Membership/ as Observer by

Name of IAFIT Member

Membership No.

Signature

I apply hereby for being enrolled as an Associate Member / Regular (full-time) Member under rules and constitution of IAFIT.

I have read the Memorandum of Association and rules & regulations of IAFIT and I agree to abide by them. I also agree to pay admission charges, subscription charges, and any operative charges as may be fixed from time to time. I understand that the decision of the Executive Body (EB) of IAFIT regarding my application for membership shall be final and binding.

Date:

Signature of the applicant

For OFFICIAL USE ONLY

Recommended Route for Membership  Observership  Nomination

If admitted through **Observership**, session payment details: CASH paid Rs. \_\_\_\_\_ date \_\_\_\_\_

Membership fee paid by CASH/Cheque/DD on Bank \_\_\_\_\_ dated \_\_\_\_\_

For amount (in words) \_\_\_\_\_ (in figures) \_\_\_\_\_

Receipt No \_\_\_\_\_ dated \_\_\_\_\_

(For payments by cheque, receipt is issued subject to realisation of cheque. If cheque is returned, Rs.100/- will be charged extra as cheque return charges)

If admitted through **Nomination / Self-Recommendation**, payment details:

Paid by CASH/Cheque/DD on Bank \_\_\_\_\_ dated \_\_\_\_\_

For amount (in words) \_\_\_\_\_ (in figures) \_\_\_\_\_

Receipt No \_\_\_\_\_ dated \_\_\_\_\_

(For payments by cheque, receipt is issued subject to realisation of cheque. If cheque is returned, Rs.100/- will be charged extra as cheque return charges)

Admitted to IAFIT as  Associate  Regular Member

Membership No.

Refused

Remarks:

Secretary, IAFIT

Treasurer, IAFIT

Name:

Signature:

Date:

(Please detach from the main form and keep for your record)

## SCHEDULE OF FEES

OBSERVERSHIP (O)	Rs100/-	(for 3 sessions)
REGULAR (Full-time) MEMBER (M)	Rs500/-	(Annual Subscription)
ASSOCIATE MEMBER (AM) (National)	Rs500/-	(Annual Subscription)
LIFE MEMBER (National)	Rs3000/-	(One time Subscription)
ASSOCIATE MEMBER (AM) (International)	US\$50 (+US\$8.00 as Bank charges)*	(Annual Subscription)

Cheque payment: Please make cheques/Bank drafts in the name of '**IAFT a/c 2418-201-000-8339, Syndicate Bank, LIC-EC, New-Delhi**' (payable at New Delhi). For cheques drawn outside Delhi/New Delhi clearing, please add Rs.50 as Bank collection charges.

For Electronic Transfers (within India), **Bank IFSC Code is: SYNB0002418**

International payments, any of the following methods of payments shall be acceptable:

1. Cheque for US\$50 + bank collection charges of US\$8.00 (Total=US\$58.00) (Foreign cheques take upto 45 days for collection)
2. Direct wire transfer -US\$: Deposit into Deutsche Bank Trust Co., 60, Wall St., NY. NY-10005 a/c 04033950 for onward transmission to Syndicate Bank, Lady Irwin College-EC, New Delhi, SWIFT code--SYNBINBB126, a/c 2418-201-000-8339

Send completed form with membership remittance to:  
(Please write your name behind the Cheque/Draft)

**Dr Renu Malaviya,** Wellington Cottage, Lady Irwin College  
Sikandra Road, New Delhi 110-001

(For Your Record)

Member Fees Paid CASH/Cheque/DD on Bank \_\_\_\_\_ dated \_\_\_\_\_

For amount (in words) \_\_\_\_\_ (in figures) \_\_\_\_\_

Receipt No \_\_\_\_\_ dated \_\_\_\_\_

(For payments by cheque, receipt is issued subject to realisation of cheque. If cheque is returned, Rs.100/- will be charged extra as cheque return charges)

### \*Note on Membership

Currently, the following types of memberships are available:

- (a) **Regular Member** is a '*full-time*' member who is actively engaged in the activities of the IAFT, attends study-group meetings, and therefore has a right to vote as vested by the constitution, and can be nominated to the Executive Body.
- (b) **Associate Member** is a member who is not actively engaged in the activities of IAFT, not able to attend study-group meetings regularly, and therefore has no right to either vote, or become a member of the Executive Body.

### Routes to membership

Membership to IAFT is currently **open to qualified professionals** from the fields of Child Development, various branches of Psychology (Applied, Clinical, Counselling, Sports, etc.), Social Work, Rehabilitation Work, Mental Health, Inclusive Education, Psychiatry, Pediatrics, and Allied Medical Sciences.

#### a) Through Nomination

Those engaged in the practice of Family Therapy / Counselling, can be nominated by any member of IAFT known to them.

#### b) Through Self-Recommendation

(i) Such applicants who are **not able to provide a nomination** by an existing IAFT member, should submit some evidence on official letterhead (hospital, NGO, organization where they are attached) of their being in practice, and other relevant information, which in their own opinion, makes them suitable for consideration for membership to the IAFT.

(ii) Applicants in **private practice** should submit photocopy of their qualifying degree, and a brief note (on their own letterhead) about the nature of their practice, number of years in practice, and other relevant information, which in their own opinion, makes them suitable for consideration for membership to the IAFT.

#### c) Through Observership

Those whose **field of work is not Family Therapy / Counselling** but nonetheless would like to explore Family Therapy as an option, would need to become observers, attend a minimum of three Study group meetings and then, if they wish to take up Family Therapy as an option, may apply for membership to the IAFT.

In addition to the Study group meetings, it is required that the new members who join the Association as observers attend two practicums – the Basic Orientation Course and the Advanced Orientation Course, which is announced from time to time.

*Membership to the IAFT is the sole decision of the Executive Body (EB), which shall be final and binding on applicants.*

### Time taken to review applications

Normally, applications for membership are reviewed by the Executive Committee, which meets once a month. Barring unforeseen circumstances, a membership application is usually decided within 1 to 3 meeting(s).

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The Indian Association for Family Therapy (IAFT) reserves its right to make any changes or amendments to these instructions without prior notice. When changes or amendments, if any, have been made, it will be endeavoured to reflect the same on the membership form / information sheet / web-site. Lack of latest information, or access to outdated or wrong information cannot be held against IAFT or its Executive Body.