EFTA - TIC

Membership Application

A. Basic Information:
Name of the Institute: ____________________________________________________________
Address: ________________________________________________________________________
Country: ____________________________ Postal Code: ________________________________
Telephone: _____________________________ Fax: ________________________________
e-mail: ____________________________ website: ________________________________

B. Your Institute is applying to become: a Full Member or an Associate Member

C. Two letters of recommendation are required to support your application. These may be supplied by:
   a) Directors or senior staff of EFTA-TIC member institutes or
   b) Senior family therapists or trainers. (It is not essential that they be EFTA members).
The referees must not be employed by or closely associated with the applicant institute.
It is desirable that one reference be from a local source in your own country and one international source.

2 EFTA-TIC Member Institutes 2 Senior Family Therapists / Trainers 1 of each

C-I. EFTA-TIC Member Institutes
1. Name of Institute: ____________________________________________________________
   Director(s): __________________________________________________________________
   Address: ________________________________________________________________________
   Country: ____________________________ Postal Code: ________________________________
   Telephone: _____________________________ Fax: ________________________________
e-mail: ____________________________ website: ________________________________

2. Name of Institute: ____________________________________________________________
   Director(s): __________________________________________________________________
   Address: ________________________________________________________________________
   Country: ____________________________ Postal Code: ________________________________
   Telephone: _____________________________ Fax: ________________________________
e-mail: ____________________________

C-II. Senior Family Therapists / Trainers
1. Name: ________________________________________________________________________
   Institute Affiliation: ____________________________________________________________
   Address: ________________________________________________________________________
   Country: ____________________________ Postal Code: ________________________________
   Telephone: _____________________________ Fax: ________________________________
e-mail: ____________________________
C-II. Senior Family Therapists / Trainers

1. Name: ____________________________________________
   Institute Affiliation: __________________________________
   Address: ____________________________________________
   Country: __________________________ Postal Code:________
   Telephone: __________________________ Fax:_______________
e-mail:______________________________________________

D. Documents Enclosed:

☐ completed Application Form,
☐ the statutes of the Institute,
☐ an overview of the training program,
☐ the number of professionals already trained,
☐ the names of the trainers in the institute, and information on their own training,
☐ collaborations with other Institutes (if any),
☐ 2 letters of recommendation from application supporters (must be independent of applying institute)

E. Application Fee Enclosed:

☐ 120 Euro Full Membership
☐ 60 Euro Associate Membership
☐ 40 Euro Low-Income Country Membership

I hereby declare that the information stated in this application is correct.

On behalf of the Institute

______________________________
Name:

______________________________
Position in the Institute:

Signature __________________________ Date ___________________