



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: _____

**EUROPEAN FAMILY THERAPY ASSOCIATION
TRAINING INSTITUTES CHAMBER**



EFTA - TIC

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

**EUROPEAN FAMILY THERAPY ASSOCIATION
TRAINING INSTITUTES CHAMBER**