AAMFT
American Association for Marriage and Family Therapy

Promoting Excellence in Marriage and Family Therapy

AAMFT Approved Supervisor Courses Invoice

Date: _____

Contact Person Name: _____

Contact Person Email Address: _____

Name of Agency/Organization/University: _____

Please fill out this form to submit payment for Approved Supervisor Courses payment.

https://networks.aamft.org/approvedsupervision/home

Requested Course: _____

Cost per person: $750 Member, $850 Nonmember

Total Amount to be Paid: $_____ ***(All amounts in US Dollars.)***

Fill out the following:

❒ I would like to pay by credit card:

□ VISA □ Master Card □ American Express □ Discover

Name on Card: _____ Credit Card #: _____

Expiration Date:_____ Security Code: _____

Signature:_____ Date:_____

Name	Account ID	Email Address	Phone Number

Please email this form to central@aamft.org.