



Individual Member ALAMFT CEU* Request

ALAMFT Member? Y/N

1. Name of Sponsoring Organization:
2. Name of Workshop/Conference:
3. Date(s) of Workshop/Conference:
4. Name and Location of Facility:

Date	Title of Workshop

Total Number of CEUs requested: _____

For your request to be considered please include:

- Copy of the workshop/conference brochure
- Each workshop description, including learning objectives and goals
- Certificate of attendance
- Payment

Payment Information:

- **Nonmembers:** Must include a non-refundable \$25.00 processing fee and a \$10.00 fee per CEU requested.
- **ALAMFT Division Members:** Must include a \$5.00 fee per CEU requested.
- Please include a check for the fees, made payable to ALAMFT, along with a self-addressed, stamped envelope.

Signature: _____ Date: _____

Mail all applications to: ALAMFT Administrative Assistant
 Glanton House
 Auburn, AL 36849

***Important: The Alabama Division of AAMFT can only provide NBCC CEUs through our annual state conference.**