

International Association of Clinical Hypnotherapy Membership Application

Print name as you wish it to appear on your certificate **Date** _____

Print Name _____
First Middle Last

Home Address _____
Street Address City State Zip

Home Phone (____) _____ Bus Phone (____) _____

Name of Business _____ e-mail _____

Business Address _____
Street Address City State Zip

EDUCATION

High School (*Circle highest level completed*) 1 2 3 4

College (*Circle highest level completed*) 1 2 3 4 5 6+

College _____ Year _____ Degree _____

Graduate School _____ Year _____ Degree _____

Other (specify) _____

HYPNOSIS TRAINING

Hypnosis School _____ Phone (____) _____

Dates Attended _____ Hours Completed _____

What are your areas of hypnosis specialty or practice? _____

How much time do you devote to the practice of hypnosis? _____

Languages spoken _____

MEMBERSHIP CATEGORY (check one)

Associate Member _____ Registered Hypnotherapist _____

AFFILIATION WITH OTHER PROFESSIONAL ORGANIZATIONS

Name of Organization Years of Membership Positions Held

Signature _____ Date _____

For Office Use Only:

Chapter _____ Certificate Number _____

Amount Paid _____ Received by _____

Paid Through _____ Examination Date _____