

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 _____

Business Address _____
Street Address City State Zip

E-mail _____ Web site _____

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 _____

Make check payable to IACH and mail to IACH, VP of Membership, Korean Callahan
C.C.H., 3151 Airway Ave, Suite L-1, Costa Mesa, CA 92626 Phone: (714) 501-5158

For Office Use Only:

Amount Paid _____ Certificate Number _____

Paid Through _____ Received by _____

_____ Certification Date _____