



APPLICATION FOR MEMBERSHIP

***PLEASE PRINT CLEARLY!** We are not responsible for misspellings on certificate/card if NOT legible.

MEMBERSHIP LEVEL

Associate (base-level) | \$137 USD

- Available to anyone who has an interest in complementary healthcare.
 - Applicants must remit a copy of a government-issued legal photo I.D.

Certified (highest-level) | *\$177 USD | **\$277 USD

- Available to practitioners with a minimum of 220hrs. of hypnosis training; 150hrs. must be classroom/interactive training.
 - *Graduated from IMDHA-approved trainer/facility:**
 - Provide completed Examiner Statement from trainer.
 - Remit a copy of a government-issued legal photo I.D.
 - Discounted Initial Membership Fee = \$177 USD**
 - **Non-affiliated trainer/facility:**
 - Provide documentation to validate training/education.
 - Pass Certification Assessment with 80% or better.
 - Remit a copy of a government-issued legal photo I.D.
 - Initial Membership Fees = \$277 USD**
 - Membership Fee = \$177 USD
 - Certification Assessment Fee = \$50 USD
 - Administrative Review Fee = \$50 USD
 - If your application is denied, you will receive a refund, minus the \$50 USD administrative review fee.

CH (Certified Hypnotist)

CHt (Certified Hypnotherapist)

PERSONAL INFORMATION

IACT Member : Yes No I want info!

Name on Certificate :	<input type="text"/>		
First Name :	<input type="text"/>	Last Name :	<input type="text"/>
Mailing Street :	<input type="text"/>		
City :	<input type="text"/>	State/Prov. :	<input type="text"/>
Country :	<input type="text"/>	Postcode :	<input type="text"/>
E-Mail :	<input type="text"/>	Website :	<input type="text"/>
Date of Birth :	<input type="text"/>	Phone # :	<input type="text"/>
Username <small>-NOT email address</small> :	<input type="text"/>	Password :	<input type="text"/>

DELIVERY OPTIONS

Please select **one** method of delivery from the following available options:

- FREE United States Postal Service (USPS)**
- Digital Certificate** (printable quality) **ONLY**
- I will send a PREPAID, SELF-ADDRESSED label.**
- I will arrange courier service.**

PAYMENT INFORMATION

- Upgrade** your Standard 'Find a Practitioner' website directory listing to **FEATURED** for *only* \$25/year!
**Available to Certified Members ONLY.*
- Credit/Debit** (Visa, MasterCard, Discover, American Express)
- Check #** : _____ (**MUST** be drawn from US bank)
- PayPal** : <http://tinyurl.com/TheIMDHA>
- Online** : <http://tinyurl.com/IMDHA-Pay>
- EXP : / Security Code :

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted, IMDHA may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. I hereby release and agree to hold harmless from liability the International Medical and Dental Hypnotherapy Association®, the officers, employees, and volunteers thereof, and/or any other person or organization that may provide such information.

Signature : _____ Date : _____
electronic signature (typed name) accepted