



Division of Member Services
8852 SR 3001 • Laceyville, PA 18623
Ph: 570-869-1021 • Fax: 570-869-1249
www.hypnosisalliance.com

There has never been a better time to join the Hypnosis Alliance - where member benefits and networking opportunities abound! Anyone with an interest in the art and science of Hypnosis is welcome to join

Membership Information

Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Email Address _____

Business Ph _____ Home Ph _____

Username _____ Password _____

(Username and password must include at least 6 characters each. Codes are encrypted for security and not retrievable)

Method of Payment

I am enclosing a check payable to International Alliance of Professional Hypnotists for the amount of my dues

Please charge my dues to my credit card

| | | |
|-------|-----------------------|--------------|
| _____ | New Membership | \$120 |
| _____ | Renewal | \$104 |

Visa Mastercard Discover Amex

Card Number _____

Expiration Date ____/____ Security Code _____ *(three digits on back of card)*

Signature _____

Send Application to

MAIL: 8852 SR 3001, Laceyville, PA 18623
PHONE: 570-869-1021
FAX: 570-869-1249
APPLY ONLINE: www.hypnosisalliance .com