

NMSCH MEMBERSHIP FORM

Northeastern Mountain Society of Clinical Hypnosis request for membership form: Please fill form out completely and include the membership fee via fax or via US mail for membership consideration.

The NORTHEASTERN MOUNTAIN SOCIETY OF CLINICAL HYPNOSIS is a Component Section of The American Society of Clinical Hypnosis.

MEMBERSHIP APPLICATION:

Make checks payable to: "NMSCH"

Mail to: NMSCH c/o Motivation Hypnosis, 31 Main Street, Suite 6, Burlington, VT

Or Fax with credit card information to: 802-419-3829

ANNUAL MEMBERSHIP FEE: \$35.00

CREDIT CARD BILLING:

Credit Card: MC Visa AMX **Name on card:** _____

_____ **Exp.** ____/____ **Security Code:** _____

Card Billing address: _____

By signing below you authorize NMSCH % Motivation Hypnosis to charge a one-time fee payment of \$35 to the credit card provided herein and certify that you are an authorized user of this credit card.

MEMBER INFORMATION:

First Name _____ **Last Name** _____

Credentials as you would like them to appear in Member Directory:

Office Address: _____

Email: _____ **Phone #:** _____

Permission for name, contact information & photo in NMSCH website Member Directory: YES NO

Please email photo to: Contact.NMSCH@gmail.com

Professional License Number: _____

Clinical Specialty and Board Certifications: _____

Insurance Accepted: _____

Educational Level: Masters Degree PhD Doctorate Graduate Student

Population serve: Children under 12 Teens Adults Couples Family

ASCH Member? Yes No

ASCH Approved Training in Hypnosis (organization, locations, dates, hours [minimum 20] - *continue on separate page if needed*):

Signature: _____ **Date:** _____