



**INTERNATIONAL MEDICAL & DENTAL HYPNOTHERAPY ASSOCIATION®**

RR #2 Box 2468 • Laceyville PA 18623  
Url: www.imdha.com • Email: staff@imdha.com  
Ph: 570.869.1021 • Fax: 570.869.1249

**Referral Directory Form for New Certified IMDHA Members**

140 hours of Hypnosis training is required to become a Certified Member of the IMDHA

Please add other educational information in the 'BACKGROUND' section of this form

**Select your title: We only print  CH or  CHt Certified Hypnotist/Hypnotherapist – as post nominals**

Name, as it is to appear: \_\_\_\_\_

Company name: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Bus Phone: (\_\_\_\_) \_\_\_\_\_ Res Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_ Organization affiliations: \_\_\_\_\_

Hypnosis Graduate of: \_\_\_\_\_ Medical Degrees: \_\_\_\_\_ College Degrees: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_ (must include 6 characters each. Write down your codes!)

Have you ever been convicted of a felony? If yes provide details on reverse side. \_\_\_ Yes \_\_\_ No

I am also a member of IACT (please check if applicable)

Background - 20-word maximum (beginning with Hypnosis school you graduated from)

Hypnosis Specialty - 20-word maximum (Example: Stress, Childbirth, Smoking Cessation)

INITIAL MEMBERSHIP **\$155** (US Funds)  
ONLINE FEATURED LISTING UPGRADE: **\$25**  
ANNUAL RENEWAL **\$85**

Date Received: \_\_\_\_\_  
Check /Money Order# \_\_\_\_\_  
Total amount Received: \_\_\_\_\_  
*(For office use only)*

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV# \_\_\_\_\_

*(We accept Visa/MasterCard/Amex/Discover ~ The CVV# is located on the back of your card-last three digits)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*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® Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.*