



INTERNATIONAL MEDICAL & DENTAL HYPNOTHERAPY ASSOCIATION®

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Certified Member Application

180 hours (150 hands-on and 30 homework, supervised practice, etc) of Hypnosis training is required to become a Certified Member
Legal photo ID & validation of training is required at time of application • We are not responsible for misspelling on certificates if not printed legibly

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

Name, as it is to appear: _____

Last Name: _____ First Name: _____ Middle: _____

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)

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) ___ Yes ___ No

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

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

INITIAL MEMBERSHIP **\$159** (US Funds)
ONLINE FEATURED LISTING UPGRADE: **\$25**
(ANNUAL RENEWAL \$109)

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.