



# INTERNATIONAL MEDICAL AND DENTAL HYPNOTHERAPY ASSOCIATION®

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## Associate Membership Application

**PLEASE PRINT / TYPE CLEARLY!**

WE ARE NOT RESPONSIBLE FOR ERRORS ON CERTIFICATES IF NOT LEGIBLE

Name (as should appear on certificate) : \_\_\_\_\_

Last Name (Fam/Sur) : \_\_\_\_\_ First Name (Given) : \_\_\_\_\_ Middle : \_\_\_\_\_

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

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

Home Phone : \_\_\_\_\_ Bus Phone : \_\_\_\_\_ Website : \_\_\_\_\_

Email : \_\_\_\_\_ Date of Birth (month / date / year) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Username (not email) : \_\_\_\_\_ Password : \_\_\_\_\_

*(Username and password must include at least 6 characters each. Retain for your records: they are encrypted for security purposes and are NOT retrievable)*

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We look forward to you upgrading your membership to the **CERTIFIED** level with the IMDHA for only \$173 once you have completed a Certification Course in Hypnosis, the IMDHA Ethics Class, and Certification Assessment to meet the minimum requirements. Contact our corporate office for more information.  
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### Payment Information

Enter payment details below OR securely pay online here →

Initial Membership Fee \$133 USD



Check /MO # : \_\_\_\_\_ Credit Card Number : \_\_\_\_\_ Exp : \_\_\_\_ / \_\_\_\_ CVV# : \_\_\_\_\_

*(Check must be drawn from US bank) (Visa, MasterCard, Discover, American Express accepted)*

*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.*

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