



International Medical & Dental HYPNOTHERAPY ASSOCIATION®

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MEMBERSHIP RENEWAL FORM

***PLEASE PRINT CLEARLY!** We are not responsible for misspellings on certificate/card if NOT legible.

PERSONAL INFORMATION

Name on Certificate :	<input type="text"/>		
First Name :	<input type="text"/>	Last Name :	<input type="text"/>
Mailing Street :	<input type="text"/>		
City :	<input type="text"/>	State/Prov. :	<input type="text"/>
Country :	<input type="text"/>	Postcode :	<input type="text"/>
E-Mail :	<input type="text"/>	Website :	<input type="text"/>
Home Phone #:	<input type="text"/>	Bus. Phone # :	<input type="text"/>

TRAINING AFFIDAVIT

I am fully aware of the thirty (30) continuing education hours (CEUs) required to maintain my annual membership status with the IMDHA. My signature below verifies compliance that these requirements have been fulfilled. Should a random audit be issued, I will furnish CEU records for validation.

Signature : _____ Date : _____

DELIVERY OPTIONS

Please select your preferred method of delivery from the following available options:

- | | |
|---|---|
| <input type="checkbox"/> FREE United States Postal Service (USPS) | <input type="checkbox"/> I will send a PREPAID, SELF-ADDRESSED label. |
| <input type="checkbox"/> Digital Certificate (printable quality) ONLY | <input type="checkbox"/> I will arrange courier service. |

PAYMENT INFORMATION

Annual Membership Renewal fee: Certified = \$127 USD

- | | |
|--|---|
| <input type="checkbox"/> Upgrade your Standard 'Find a Practitioner' website directory listing to FEATURED for <i>only</i> \$25/year! | |
| <input type="checkbox"/> Credit/Debit (Visa, MasterCard, Discover, American Express) | <input type="checkbox"/> Check # : _____ (MUST be drawn from US bank) |
| <input type="checkbox"/> Security Code : _____ | <input type="checkbox"/> PayPal : http://tinyurl.com/TheIMDHA |
| EXP : <input type="text"/> / <input type="text"/> | <input type="checkbox"/> Online : http://tinyurl.com/IMDHA-Pay |

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If my renewal is 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®, the officers, employees, and volunteers thereof, and/or any other person or organization that may provide such information.

Signature : _____ Date : _____