



APPLICATION FOR MEMBERSHIP

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

MEMBERSHIP LEVEL

- Associate** (base-level) | \$132 USD
- Available to anyone who has an interest in complementary healthcare.
 - Applicants must provide a copy of a government-issued legal photo I.D.
- Professional** (mid-level) | \$132 USD
- Available to practitioners with validation of academic achievement in their specific field of study.
 - Applicants must provide a copy of a government-issued legal photo I.D., and documentation to validate training/education.
- Certified** (highest-level) | *\$107 USD | **\$232 USD
- Available to practitioners with a minimum of 220hrs. of hypnosis training; 110hrs. must be classroom/interactive training.
 - *Graduated from IACT-approved trainer/facility:**
 - Provide completed Examiner Statement from trainer.
 - Remit a copy of a government-issued legal photo I.D.
 - Discounted Initial Membership Fee = \$107 USD
 - **Non-affiliated trainer/facility:**
 - Provide documentation to validate training/education.
 - Pass Certification Assessment with 80% or better.
 - Remit a copy of a government-issued legal photo I.D.
 - Initial Membership Fees = \$232 USD
 - Membership Fee = \$132 USD
 - Certification Assessment Fee = \$50 USD
 - Administrative Review Fee = \$50 USD
 - If your application is denied, you will receive a refund, minus the \$50 USD administrative review fee.
- CH** (Certified Hypnotist)
- CHt** (Certified Hypnotherapist)

PERSONAL INFORMATION

IMDHA Member : Yes No I want info!

Name on Certificate :

First Name : Last Name :

Mailing Street :

City : State/Prov. :

Country : Postcode :

E-Mail : Website :

Date of Birth : Phone # :

Username : Password :

-NOT email address

DELIVERY OPTIONS

Please select one method of delivery from the following available options:

- FREE United States Postal Service (USPS)**
- Digital Certificate** (printable quality) **ONLY**
- I will send a PREPAID, SELF-ADDRESSED label.**
- I will arrange courier service.**

PAYMENT INFORMATION

- Upgrade** your Standard 'Find a Practitioner' website directory listing to **FEATURED** for only \$25/year.
**Available to Certified & Professional Members ONLY*
- Credit/Debit** (Visa, MasterCard, Discover, American Express)
- Check #** : _____ (MUST be drawn from US bank)
- PayPal** : <https://tinyurl.com/TheIACT>
- Online** : <https://tinyurl.com/IACT-Payment>
- EXP : / Security Code :

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, IACT 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 Association of Counselors and Therapists, the officers, employees, volunteers thereof, and/or any other person or organization that may provide such information.

Signature : _____ Date : _____
electronic signature (typed) accepted