



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 : _____