



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"/>

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: Associate = \$122 USD

<input type="checkbox"/> Credit/Debit (Visa, MasterCard, Discover, American Express)	<input type="checkbox"/> Check # : _____ (MUST be drawn from US bank)
<input type="checkbox"/> PayPal : http://tinyurl.com/TheIMDHA	<input type="checkbox"/> Online : http://tinyurl.com/IMDHA-Pay
EXP : <input type="text"/> / <input type="text"/> Security Code : <input type="text"/>	

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** : _____