



APPLICATION FOR MEMBERSHIP

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

MEMBERSHIP LEVEL

Associate (base-level) | \$137 USD
• Available to anyone who has an interest in complementary healthcare.
◦ Applicants must remit a copy of a government-issued legal photo I.D.

Certified (highest-level) | *\$177 USD | **\$277 USD
• Available to practitioners with a minimum of 220hrs. of hypnosis training; 150hrs. must be classroom/interactive training.
◦ ***Graduated from IMDHA-approved trainer/facility:**
▪ Provide completed Examiner Statement from trainer.
▪ Remit a copy of a government-issued legal photo I.D.
▪ **Discounted Initial Membership Fee = \$177 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 = \$277 USD**
• Membership Fee = \$177 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

IACT 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)** **I will send a PREPAID, SELF-ADDRESSED label.**
- Digital Certificate (printable quality) ONLY** **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 Members ONLY.*

Credit/Debit (Visa, MasterCard, Discover, American Express) **Check #** : _____ (MUST be drawn from US bank)

PayPal : <http://tinyurl.com/TheIMDHA>

Online : <http://tinyurl.com/IMDHA-Pay>

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, 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 Hypnotic Therapy Association®, the officers, employees, and volunteers thereof, and/or any other person or organization that may provide such information.

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