



# INTERNATIONAL MEDICAL & DENTAL HYPNOTHERAPY ASSOCIATION®

8852 SR 3001, Laceyville PA 18623

Url: [www.imdha.com](http://www.imdha.com) • Email: [staff@imdha.com](mailto:staff@imdha.com)

Ph: 570.869.1021 • Fax: 570.869.1249

## RENEWAL Application for Certified Members

When renewing you are requested to: **1)** Review your information listed in the referral directory **2)** Complete the form below exactly as you want it to be printed in the Referral Directory **3)** Sign training affidavit **4)** Submit dues

- Renewing Options: • **Online:** [www.imdha.com](http://www.imdha.com) • **Mail:** Complete and return to: 8852 SR 3001, Laceyville, PA 18623 USA
- **Fax:** 570.869.1249 (secure fax line available 24 hours a day) • **Phone:** 570.869.1021 One of our staff can assist via phone

### **We are not responsible for misspelling on certificates if not printed legibly**

Name as it is to appear: \_\_\_\_\_

Last(Family)Name: \_\_\_\_\_ First(Given)Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Company name: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Bus Phone:(\_\_\_\_) \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_ IMDHA Registration #: \_\_\_\_\_

Organization affiliations: \_\_\_\_\_ Medical Degrees: \_\_\_\_\_ College Degrees: \_\_\_\_\_

**CEU Training Affidavit:** I am fully aware of the (30) thirty continuing education hours (CEUs) required annually to maintain my Certified status with IMDHA. My signature below verifies compliance that requirements have been fulfilled. A random audit is issued periodically. CEU reports are to be kept on file by you and made available at time of audit.

\_\_\_\_\_  
(Member Signature)

\_\_\_\_\_  
(Date)

Background (20 word maximum)

Hypnosis Specialty (20 word maximum)

Specialty Certifications Awarded by IMDHA - Only IMDHA certificates are permitted in this area of the directory

Annual renewal **\$119** ► Consider a Featured Listing Upgrade! **only \$25** Total amount Received (US Funds): \_\_\_\_\_

MO/Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV# \_\_\_\_\_

*(We accept Visa/MasterCard/Amex/Discover ~ CVV# is located on the back of your card-last three digits)*

Signature \_\_\_\_\_

*Complete, sign and return with appropriate funds*