

THE NEW ENGLAND SOCIETY OF CLINICAL HYPNOSIS

A Component Section of The American Society of Clinical Hypnosis

MEMBERSHIP APPLICATION

Type of Membership: Regular Associate Student

I,, hereby apply for active membership in NESCH. Should my application be accepted, I pledge to comply with the By-Laws and ethical principles of the New England Society of Clinical Hypnosis.

	Office #1	Office #2	Home
Address 1			
Address 2			
City			
State ZIP			
Telephone			
Cell #			
Email			
Mail to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education (If still in training, state expected dates of completion and include documentation)

Level	Institution	Location	Degree	Date	
				Expected	Awarded
Undergraduate					
Graduate					
Post-Graduate 1					
Post-Graduate 2					

Clinical Specialty:

Board Certifications (certifying body and date):

Teaching or Hospital Affiliations (if applicable):

License **enclose copy of license** (Field, State, Number, Exp. Date):

.....

Membership in Professional Organizations and Societies (eg., AMA, ADA, APA, NASW, ANA, ASCH, SECH, etc):

.....

ASCH Approved Training in Hypnosis (organization, locations, dates, hours [minimum 20]):

.....

How are you currently using hypnosis in your professional activities:

.....

Sponsors (two members of NESCH or ASCH):

Name	Signature	Date

Signature of Applicant: Date:

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INSTRUCTIONS MEMBERSHIP APPLICATION

CHECK LIST

- Indicate type of membership:
 - Regular (Licensed Independent Practitioner)
 - Associate (Not independent, Works under supervision of licensed professional)
 - Student (Enrolled in certified institution)
- Check preferred mailing address
- Application must include with signatures of two sponsors (NESCH or ASCH members)
- Date and sign application
- Include copy of license or documentation of student status**
- Note that training in hypnosis must be in an ASCH Approved course (provide documentation)
- Include check for dues for current year
 - (\$50.00 for Regular or Associate Member; \$25 for Student Member)
 - Check will be returned if application is not accepted
- Mail to Michelle Hart, 41 Woodbury Rd. Southborough, MA 01772