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## New England Society of Clinical Hypnosis Application for Membership Renewal 2017

Membership type (please select one):

- Membership \$150
- Student \$75
- Retiree \$75
- Associate Membership \$75

Please make checks payable to NESCH and send to:

**Russell Chin, DDS**  
**NESCH Membership**  
**1288 Newport Ave, Pawtucket, RI 02861**

The following information will be used in our membership directory. Please note if there is information that you do not want published.

Name:
Highest Degree:
Address:
City, State, Zip:
Phone (Work):
Phone (Home):
Email:
Institutional Affiliation:
Professional Discipline/Specialty:

Are you an ASCH Member?

- YES
- NO

Add me to NESCH listserv on Google Groups?

- YES, with email:
- NO

Signature \_\_\_\_\_

License # \_\_\_\_\_