

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.

Contact Information

	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, provide expected dates of completion and include documentation)

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

License Information (**Please enclose copy of license)

Clinical Specialty:	
Board Certifications (certifying body and date):	
Teaching or Hospital Affiliations (if applicable):	
License (Field, State, Number, Expiration Date):	

Please list any memberships to Professional Organizations and Societies (e.g. 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

Add me to NESCH listserv on Google groups No Yes

If yes, which email address you like to use? _____

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
 - (\$150.00 for Regular Member; \$75 Associate/Student/Retiree)
 - Check will be returned if application is not accepted. **Checks should be made to NESCH.
- Note you can only post messages to NESCH listserv with the email address on the prior page.
- Mail to:
 - NESCH Membership
 - C/O Russell Chin, DDS
 - 1288 Newport Ave.
 - Pawtucket, RI, 02861