

ARIZONA SOCIETY FOR PROFESSIONAL HYPNOSIS



Membership	Approved	Denied
Type: Professional Certified Associate		
Reason for Denial		
Card No.	Issue Date	

MEMBERSHIP APPLICATION

Name: Last _____ First _____ Middle _____

Residence Address _____ Number _____ Street _____

City _____ State _____ Zip _____

Residence Phone Area (____) Number _____

Business Phone Area (____) Number _____

Fax Number _____

E-Mail Address _____

URL (Website) _____

Business Name _____

Address - Street _____ City _____ Zip Code _____

When did you receive your hypnosis training? (year) _____

Number of hours you utilize Hypnosis per week _____

List Memberships in Professional Societies or Organizations and Offices Held

(optional)_____

List Names, Addresses and Phone Numbers of Professional References

MEMBERSHIP PLEDGE

In applying for membership, I pledge and give my word to support and uphold the aims and purposes of the Arizona Society for Professional Hypnosis, its constitution and by-laws. Furthermore, never knowingly will I do anything that might bring disrespect or disfavor upon the art and science of hypnosis and this honorable association and its members.

I fully understand that membership in this association does not grant any academic title or degrees, nor will I utilize any such degrees myself which will misrepresent my formal and/or academic training. I further understand that I am not to practice any form of therapy or medical diagnosis which requires licensing, unless I am duly authorized and otherwise legally qualified and licensed to do so.

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that I shall be subject to immediate expulsion should any falsification be determined.

I hereby release the A.S.P.H. and all of its members, both past and present, from any and all liability and/or claims that may arise from my decision to practice privately in the field of hypnosis.

Applicant's Signature _____

Name of Sponsor, if any _____

Pay by check [pay to the order of ASPH] to the Treasurer

Mail Application to:

Thomas Hajek, CHt
ASPH Treasurer
2844 E. Quiet Hollow Lane
Phoenix AZ 85024

2010 ASPH FEES FOR NEW MEMBERS

Classification of Membership

Mailing List (M/L)

If you are *not* interested in becoming an ASPH member at this time, but you wish to keep abreast of what is happening in the field of hypnotherapy, please indicate that you would like to be on our mailing list.

Associate Member (A/S)

If you are interested in hypnosis but have had no training in hypnosis or hypnotherapy; and if you want to be involved in ASPH activities, you are classified as an *Associate Member*.

Certified Professional (C/P)

If you are an ASPH member who has successfully passed the ASPH Certification Test or who has completed a certification program that is accepted by ASPH, you are classified as an *ASPH Certified Professional*.

Fees

One time ASPH initiation fee (Not M/L)*	\$25.00
One time Certification Fee	\$25.00
Annual Dues (due Jan. 1 of each year)	\$35.00
U.S. Postal Service Mailing List only	\$20.00
Website Listing of Practice	\$5.00

*One Time ASPH initiation fee includes initiation fee, annual dues for that year, and certification fee [Total - \$85.00 + \$5.00 for website listing of practice]

Circle classification of membership for which you are applying:

Mailing List Only Associate Member Certified Professional

Amount You Are Enclosing: \$_____

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