

The Australian Society of Clinical Hypnotherapists



A Non Profit Organisation - ABN 63 001 336 947
65 Hume Street, Crows Nest NSW 2065
Phone: 1300 85 1176 and Fax 1300 85 1173
www.asch.org.au

APPLICATION FOR AFFILIATE MEMBERSHIP (BLOCK LETTERS PLEASE)

PERSONAL DETAILS

SURNAME: _____ FIRST NAMES _____ TITLE _____

ADDRESS: _____ POSTCODE _____

PHONE (Private): _____ (Business): _____ (FAX): _____

EMAIL: _____

OCCUPATION: _____

QUALIFICATIONS: _____

I understand that as an Affiliate Member of The Australian Society of Clinical Hypnotherapists I am not entitled to use the acronym of the Society, nor advertise myself as a member of the ASCH.

I am entitled to receive newsletters (quarterly), attend General Meetings and Workshops (details advised in the newsletters) and attend conventions, which are held biennially.

SIGNED: _____ DATE: _____

SOCIETY USE ONLY

Date Application Received: _____

Fees Paid: _____

Date Accepted as Affiliate Member: _____