

# APPLICATION FOR STUDENT MEMBERSHIP OF THE ASCH

A Non Profit Organisation  
ABN 63 001 336 947  
PO Box A127  
Sydney South NSW 1235  
Phone:1300 85 1176  
www.asch.com.au

Please **DO NOT** send  
this by Registered Mail.

## *How to complete this form*

1. Print the form and write your answers in the spaces provided.
2. *EITHER* scan the completed form and evidence of enrolment in a hypnotherapy course and email them to [admin@asch.com.au](mailto:admin@asch.com.au)

OR

mail them to:

The Registrar  
The Australian Society of Clinical Hypnotherapists  
P O Box A127  
Sydney South NSW 1235

**Membership fee: \$0.00**

## *Personal details*

Title:	_____	Given name:	_____
Family name:	_____		
Address	_____		
	_____	Post code:	_____
Phone (home):	_____	Phone (work):	_____
Fax:	_____	Mobile:	_____
Email address:	_____		
Secondary email address:	_____		
Send correspondence to secondary email address?	<input type="checkbox"/>		
How would you like to receive renewal notices?	<input type="checkbox"/> by email <input type="checkbox"/> by post		

## *Hypnotherapy training*

**Please submit proof of enrolment**

Name of training institution  
\_\_\_\_\_  
\_\_\_\_\_

**Relevant qualifications**

Institution	Qualification	Year	Document attached? (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Membership Agreement**

I, \_\_\_\_\_, hereby apply for membership the Australian Society of Clinical Hypnotherapists (ASCH). I:

1. have read and agree to abide by the ASCH’s Code of Ethics
2. agree to abide by all applicable State, Territory, and Federal laws
3. agree to hold the ASCH indemnified for all judgments and costs awarded against it or incurred by it as the case may be in any action against it arising directly or indirectly from my conduct as a hypnotherapist
4. understand and agree that the ASCH Board of Directors may from time to time during the tenure of my membership review and amend its policies and procedures, and that all relevant amendments will apply to me from the date specified by the ASCH Board.

**I declare that the answers to the above questions are true and accurate in every respect.**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_