

APPLICATION TO CHANGE MEMBERSHIP LEVEL

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 email it to admin@asch.com.au
OR
mail it to:

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

Which level of membership are you applying for?

Tick ☒ the level of membership you require.

- Registered Professional Member ☐
- Professional Member..... ☐
- Intern Professional Member..... ☐
- Senior Associate..... ☐
- Associate..... ☐
- Emeritus..... ☐

Upon receipt of this form,
our **administrator** will
contact you to request
relevant documents and
payment, in accordance
with the level of
membership you have
selected.

Personal details

Current level of
membership:

Title:.

Given name:

Family name:

Address

Post code:

Phone (home):

Phone (work):

Fax:

Mobile:

Website address:

Email address:

Relevant Education and Qualifications

Institution	Qualification	Year

Current membership of professional organisations/associations

Organisation/Association	Status	Member No.