

Please DO NOT send this by Registered Mail.



Australian Society of Clinical
Hypnotherapists
Change.Grow.Succeed.

Membership Renewal Form (2021-2022)

Please complete all fields so that we have your most up-to-date details.

Name: _____

Postal Address: _____

Suburb, State, Postcode: _____

Phone (B/H): _____ (A/H): _____ (Mob): _____

Email: _____

Website: _____

IMPORTANT: How would you like to receive renewal notices? by email by post

PART A: Membership Level

Tick the appropriate level of membership, then go to Part B.

Practising full registration.

Intern Professional \$180 Professional \$200 Registered Professional \$230

Non-practising

Student (unsponsored) \$50 Associate \$60 Senior Associate \$110

Emeritus \$50.00

Are you changing your membership level? (If you are upgrading, you will be asked to send us supporting documents.)

PART B: Payment Options

Tick one option.

Direct Deposit: ASCH (Please write your name in the reference field so
BSB 062 161 that we can track your payment.)
Account No. 10025391

Cheque: Made out to ASCH.

Credit Card: Complete details below.

For credit card payment, please complete the following authorisation:

Amount to be deducted from my credit card \$ _____

MASTERCARD/VISA NO: _____ / _____ / _____ / _____

Exp date: _____ / _____

Signature: _____

Name on card: _____

Date: _____

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