

Please DO NOT send this by Registered Mail.



Australian Society of Clinical  
**Hypnotherapists**  
Change.Grow.Succeed.

## Membership Renewal Form (2025-2026)

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

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

Postal Address: \_\_\_\_\_

Suburb, State, Postcode: \_\_\_\_\_

Phone (B/H): \_\_\_\_\_ (Mobile): \_\_\_\_\_

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.

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