Please DO NOT send this by Registered Mail.

Australian Society of Clinical Hypnotherapists
Change.Grow.Succeed.

Membership Renewal Form (2026-2027)

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, we will ask you to send us supporting documents.)*

PART B: Payment Options

Tick one option.

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

☐ Cheque: Made out to ASCH.

☐ PayPal: Visit https://www.asch.com.au/product-category/membership-fees/

☐ 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: _____

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