

2019 NTSCH Membership Application

Member Information

Full Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____ Email: _____

Education and License Information

School	Degree or Anticipated Degree	Year Graduated or Anticipated
License Number	License Type	License State

Terms and Signature

	I have read the Code of Conduct and agree to comply with ethical standards.
	The By-Laws have been made available to me and I agree to comply with them.

Signature: _____ **Date:** _____

American Society of Clinical Hypnosis

	Check if you a current ASCH Member.
	Check if you are ASCH Certified.
	Check if you are an ASCH Approved Consultant.

Check Membership Type

Full Membership	Grad Degree, License,	20 hours approved training
Associate Membership	Grad Degree, License	
Resident/Intern	Grad Degree, Provisional License	
Student Affiliate	Full time enrollment + 1 semester of grad program	

Annual Reporting: Please check all degrees that you have completed

MD		MSW		DDS		MA/MS Nursing
PhD		LMFT		MA/MS Psych		MA/MS Other

Send Completed Forms to: Steve Bell, 6118 Eagles Nest, Garland, TX 75044
Please include a check for your \$35 annual dues, or enroll into the Fall Workshop