



FSCH

The Florida Society of Clinical Hypnosis

Membership Renewal Application

To renew, please fill out this form, print it, and send it **along with your check and relevant documents** to: FSCH, 13705 SW 91 CT, #C, Miami, FL 33176. Or, for your convenience, **you may pay your membership dues online** at <http://www.fsch.org/RenewMembershipOnline.html>, and scan this completed form email to mariefsch@aol.com. If you have any questions, please call 305-598-9992.

FSCH Membership Renewal Application

Name: _____

*Address: _____ City: _____ State _____ Zip: _____

Degree: _____

License # _____ State: _____

Profession: _____

**If you would like to be in the Online Directory, please give us only an address you are comfortable having published.*

Publish? _____ Don't publish? _____

Business Phone: _____

E-Mail: _____

Membership Level to be Renewed:

Student _____

New Life _____

Regular of Associate Member _____

[] I have read and agree to abide by the FSCH Code of Ethics

Signed: _____ Date: _____