

FSCH

The Florida Society of Clinical Hypnosis



Membership Application

To apply, 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**. For more information, visit our website, www.fsch.org. If you have any questions, please call (786) 708-6684.

FSCH Membership Application

Name: _____

Degree: _____ License #: _____ State: _____

Profession: _____

Address: _____

If you'd like to be in the Online Directory, please give us only an address you are comfortable having published. Publish? _____ Don't publish? _____

City: _____

State: _____ Zip Code: _____ County: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-Mail: _____

Education

Graduate School: _____

Major: _____ Date Graduated: _____

Comments: _____

Professional Memberships

I am a member of ASCH Status: _____ Date: _____

I am a member of SCEH Status Date: _____

Professional Organization Memberships _____

Other Hypnosis Organization Memberships: _____

Qualifications: Certifications, Board Certified Status, Awards, Fellowships, etc.

Hypnosis Training _____

If you would like to be included in the FSCH online member directory, please complete below, sign, and insert date.

Specialty Areas of Practice _____

Languages Fluent In: _____

Insurance you accept: _____

Signature: _____ Date _____

Membership Level Requested:

___ \$75 Member ___ \$75 Associate Member ___ \$25 Student Member

Please note: Membership is dependent upon review and acceptance of completed application, including copies of license, degree, and relevant training. Student applicants also require a letter from Department Chair confirming status. After the process is completed, you will receive a certificate.

___ *I have read and agree to abide by the FSCH Code of Ethics.*

Signature: _____ Date: _____