



# International Medical & Dental HYPNOTHERAPY ASSOCIATION®

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## CERTIFIED MEMBERSHIP RENEWAL FORM

**\*PLEASE PRINT CLEARLY!** We are not responsible for misspellings on certificate/card if NOT legible.

### PERSONAL INFORMATION

Name on Certificate :

First Name :  Last Name :

Mailing Street :

City :  State/Prov. :

Country :  Postcode :

E-Mail :  Website :

Home Phone # :  Bus. Phone # :

### TRAINING AFFIDAVIT

I am fully aware of the thirty (30) continuing education hours (CEUs) required to maintain my annual membership status with the IMDHA. My signature below verifies compliance that these requirements have been fulfilled. Should a random audit be issued, I will furnish CEU records for validation.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
electronic signature (typed name) accepted

### DELIVERY OPTIONS

Please select your preferred method of delivery from the following available options:

**FREE United States Postal Service (USPS)**       **I will send a PREPAID, SELF-ADDRESSED label.**

**Digital Certificate (printable quality) ONLY**       **I will arrange courier service.**

### PAYMENT INFORMATION

**Annual Membership Renewal fee: Certified = \$127 USD**

**Upgrade** your Standard 'Find a Practitioner' website directory listing to **FEATURED** for *only* \$25/year!  
\*Available to Certified Members ONLY.

**Credit/Debit** (Visa, MasterCard, Discover, American Express)       **Check #** : \_\_\_\_\_ (MUST be drawn from US bank)

**PayPal** : <http://tinyurl.com/TheIMDHA>

**Online** : <http://tinyurl.com/IMDHA-Pay>

EXP :  /  Security Code :

*I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted, IMDHA may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. I hereby release and agree to hold harmless from liability the International Medical and Dental Hypnotherapy Association®, the officers, employees, and volunteers thereof, and/or any other person or organization that may provide such information.*

Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
electronic signature (typed name) accepted