



INTERNATIONAL MEDICAL AND DENTAL HYPNOTHERAPY ASSOCIATION®

8852 SR 3001 Laceyville, PA 18623

Phone: 570.869.1021 • Fax: 570.869.1249

URL: www.imdha.com • Email: staff@imdha.com

Certified Membership Renewal Form

PLEASE PRINT / TYPE CLEARLY!

WE ARE NOT RESPONSIBLE FOR ERRORS ON CERTIFICATES IF NOT LEGIBLE

Name (as should appear on certificate) : _____

Last Name (Fam/Sur) : _____ First Name (Given) : _____ Middle : _____

Address : _____ City : _____

State/Province : _____ Postal Code : _____ Country : _____

Company Name : _____ Website : _____

Home Phone : _____ Bus Phone : _____ Fax : _____

IMDHA Registration # : _____ Organization Affiliations : _____

Email : _____ Date of Birth (month / date / year) : ____ / ____ / ____

College Degree : _____ Medical Degree : _____

.....
CEU Training Affidavit: I am fully aware of the (30) thirty continuing education hours (CEUs) required annually maintaining my Certified status with IMDHA. My signature below verifies compliance that requirements have been fulfilled. A random audit is issued periodically. CEU reports are to be kept on file by you and made available at time of audit.

(Member Signature)

(Date)

.....
Background (20 word max) :

Hypnosis Specialty (20 word max) :

Specialty Certifications awarded by IMDHA :

Upgrade your Standard 'Find a Practitioner' website directory listing to **FEATURED** for *only* \$25/yr (USD)

Payment Information

Enter payment details below **OR** securely pay online here →

Annual Membership Renewal \$123



Check /MO # : _____ Credit Card Number : _____ Exp : ____ / ____ CVV# : _____
(Check must be drawn from US bank) (Visa, MasterCard, Discover, American Express accepted)

Signature : _____ Date : _____