



# APPLICATION FOR MEMBERSHIP

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

## MEMBERSHIP LEVEL

- Associate** (base-level) | \$132 USD
  - Available to anyone who has an interest in complementary healthcare.
    - Applicants must provide a copy of a government-issued legal photo I.D.
- Professional** (mid-level) | \$132 USD
  - Available to practitioners with validation of academic achievement in their specific field of study.
    - Applicants must provide a copy of a government-issued legal photo I.D., and documentation to validate training/education.
- Certified** (highest-level) | \*\$107 USD | \*\*\$232 USD
  - Available to practitioners with a minimum of 220hrs. of hypnosis training; 110hrs. must be classroom/interactive training.
    - **\*Graduated from IACT-approved trainer/facility:**
      - Provide completed Examiner Statement from trainer.
      - Remit a copy of a government-issued legal photo I.D.
      - **Discounted Initial Membership Fee = \$107 USD**
    - **\*\*Non-affiliated trainer/facility:**
      - Provide documentation to validate training/education.
      - Pass Certification Assessment with 80% or better.
      - Remit a copy of a government-issued legal photo I.D.
      - **Initial Membership Fees = \$232 USD**
        - Membership Fee = \$132 USD
        - Certification Assessment Fee = \$50 USD
        - Administrative Review Fee = \$50 USD
      - If your application is denied, you will receive a refund, minus the \$50 USD administrative review fee.

- CH** (Certified Hypnotist)
- CHt** (Certified Hypnotherapist)

## PERSONAL INFORMATION

IMDHA Member :  Yes  No  I want info!

Name on Certificate :

First Name :  Last Name :

Mailing Street :

City :  State/Prov. :

Country :  Postcode :

E-Mail :  Website :

Date of Birth :  Phone # :

Username :  Password :   
-NOT email address

## DELIVERY OPTIONS

Please select **one** method of delivery from the following :

- FREE United States Postal Service (USPS)**
- Digital Certificate** (printable quality PDF) **ONLY**

## PAYMENT INFORMATION

- Upgrade** your Standard 'Find a Practitioner' website directory listing to **FEATURED** for only \$25/year.  
\*Available to Certified & Professional Members ONLY
  - Credit/Debit** (Visa, MasterCard, Discover, American Express)
  - Check #** : \_\_\_\_\_ (MUST be drawn from US bank)
  - PayPal** : <https://tinyurl.com/TheIACT>
  - Online** : <https://tinyurl.com/IACT-Payment>
- 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, IACT 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 Association of Counselors and Therapists, the officers, employees, volunteers thereof, and/or any other person or organization that may provide such information.

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