



INTERNATIONAL MEDICAL AND DENTAL  
HYPNOTHERAPY ASSOCIATION®

*Dedicated to Healing: Body, Mind and Spirit*

8852 SR 3001 • Laceyville, PA 18623 • USA • Ph: 570.869.1021 • Fax: 570.869.1249

Web: [www.imdha.com](http://www.imdha.com) • Email: [staff@imdha.com](mailto:staff@imdha.com)

## ASSOCIATE MEMBERSHIP FORM

PLEASE PRINT, TYPE OR USE A PC TO COMPLETE THIS FORM

Name, as it is to appear: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Last(Fam/Sur) Name: \_\_\_\_\_ First(Given) Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt / Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Country: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_  
(USA)

Email address: \_\_\_\_\_

Username: (not email) \_\_\_\_\_ Password: \_\_\_\_\_

*(Enter a username and password **only** if you haven't yet established an online account. Each selection must be at least 6 characters)*

**Initial Membership Dues: \$129.00** *(Drawn on a US Bank in US Funds)*

Paid by Check # \_\_\_\_\_

V/MC/Disc/Amex # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV# \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for your **Associate Membership** in this unique Association. It is the only one of its kind in the world!

When you qualify, we look forward to you **upgrading your membership** to **CERTIFIED** status with our Association! If you have completed a Certification Course in Hypnosis with the required hours, it is time to upgrade! To do so you must successfully complete the **IMDHA Ethics Class & Certification Assessment**. The fee is just \$169

You may obtain the form to **upgrade** to Certified status:

- **Online:** Go to [www.imdha.com](http://www.imdha.com) and follow the prompts
- **Email:** Send a request to [staff@imdha.com](mailto:staff@imdha.com)
- **Download:** The CH / CHT application from [www.imdha.com](http://www.imdha.com) (IMDHA Membership Application)
- **Phone:** 570.869.1021 one of our friendly staff will be happy to lend assistance over the phone.

Date received in the IMDHA office \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amt \$ \_\_\_\_\_

Received by: \_\_\_\_\_