



INTERNATIONAL MEDICAL AND DENTAL
HYPNOTHERAPY ASSOCIATION®

Dedicated to Healing: Body, Mind and Spirit

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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: _____ 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 and follow the prompts
- **Email:** Send a request to staff@imdha.com
- **Download:** The CH / CHt application from 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: _____