



INTERNATIONAL MEDICAL AND DENTAL  
HYPNOTHERAPY ASSOCIATION®

*Dedicated to Healing: Body, Mind and Spirit*

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## ASSOCIATE MEMBERSHIP RENEWAL FORM

PLEASE PRINT, TYPE OR USE A PC TO COMPLETE THIS FORM  
- WE ARE NOT RESPONSIBLE FOR PRINTING ERRORS IF INFORMATION IS NOT LEGIBLE -

Your name: \_\_\_\_\_ 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)*

**Annual Renewal Dues: \$114.00** *(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 taking and passing the **IMDHA Certification Exam and upgrading your membership** to that of a **CERTIFIED HYPNOTHERAPIST, with our Association!**

If you have completed a Certification Course in Hypnosis with the required hours, it is time to upgrade! The fee is just \$165

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

- **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.

Our vision is to have a **door marked HYPNOTHERAPIST in every health care facility worldwide and staffed by Certified IMDHA members!** Please join us in that vision and know that it is happening as you read these words!

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

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

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