

# FSCH

The Florida Society of Clinical Hypnosis



## Membership Application

To apply, please fill out this form, print it, and mail it along with your check and relevant documents to: **FSCH, 13705 SW 91 CT, #C, Miami, FL 33176**. For more information, visit our website, [www.fsch.org](http://www.fsch.org). If you have any questions, please call 305-598-9992.

\_\_\_\_\_

Name: \_\_\_\_\_

Degree: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

*If you would like to be in the Online Directory, please give us only an address you are comfortable having published. Publish? \_\_\_\_\_ Don't publish? \_\_\_\_\_*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

### Education:

Graduate School: \_\_\_\_\_ Major: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_

Professional Memberships:

I am a member of ASCH: \_\_\_\_\_ Status: \_\_\_\_\_ Date: \_\_\_\_\_

I am a member of SCEH: \_\_\_\_\_ Status: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Organization Memberships: \_\_\_\_\_

Other Hypnosis Organization Memberships: \_\_\_\_\_

Qualifications:

Certifications, Board Certified Status, Awards, Fellowships, etc.: \_\_\_\_\_

Hypnosis Training: \_\_\_\_\_

*If you would like to be included in the Online Directory, please add the following, and sign and date this section:*

Specialty Areas of Practice: \_\_\_\_\_

Languages: \_\_\_\_\_

Insurance you accept: \_\_\_\_\_

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

Membership Level Requested:

\_\_\_\_\_ \$65 Member \_\_\_\_\_ \$65 Associate Member \_\_\_\_\_ \$25 Student Member

Please note: membership is dependent upon review and acceptance of completed application, including copies of license, degree, and relevant training. Student applicants also require a letter from Department Chair confirming status. After the process is completed, you will receive a membership certificate.

\_\_\_\_\_ I have read and agree to abide by the FSCH Code of Ethics [www.fsch.org/Code\\_of\\_Ethics.html](http://www.fsch.org/Code_of_Ethics.html).

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