The New York Society of Clinical Hypnosis, Inc.

Founded 1974 ⊙ A Component Section of the American Society of Clinical Hypnosis, Inc.

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RE: ANNUAL NYSCH MEMBERSHIP

Dear Colleague,

It's that time again, to renew your NYSCH (The New York Society of Clinical Hypnosis) membership . Our membership organization is committed to advancing knowledge and training in the Art and Science of Clinical Hypnosis. Membership is open to all LICENSED HEALTH CARE PROFESSIONALS holding a master's degree and/or above; student memberships are offered for those enrolled in full-time Master's Level or above degree programs.

Our meetings historically have been held in Queens or Long Island, in order to be more available to all practitioners in the five boroughs, Long Island, Westchester, New Jersey, and Connecticut.

BENEFITS OF MEMBERSHIP:

- Free admission to our [4] yearly training courses
- 8 credits toward your ASCH certification*
- Networking
- Referrals
- Collegial atmosphere

➤ **All training courses and workshops are taught by a member of Board of Directors (all of whom are licensed ASCH Consultants) and/or other skilled, licensed clinicians, and will have received approval for ASCH credit.**

➤ **Spring BASIC and Fall INTERMEDIATE Workshops provide 40 credits [20 credits each workshop] toward your ASCH certification.**

NY Society of Clinical Hypnosis - Annual Membership Form

1. Full Name: ____
   Last First Middle

Address: ____

____

____

City, State/Province: ______________________ Country: __________ ZIP: ____________

Email address: ____
Telephone
Home/Office: ____________________ Fax: ____________________ Cell: ____________________

2. Which membership category are you applying for? ☐ Full ☐ Student

3. Education
   Institution:____________________ Degree:____________________ Date:____________
   Institution:____________________ Degree:____________________ Date:____________
   Institution:____________________ Degree:____________________ Date:____________
   Institution:____________________ Degree:____________________ Date:____________

If applying for Student membership, a letter from your advisor/department head/Registrar certifying your current level of education must accompany you completed application.

4. Licensed to Practice as:

☐ Physician ☐ Psychologist ☐ Dentist ☐ Social Worker
☐ Nurse ☐ Mental Health Counselor ☐ Chiropractor ☐ Marriage/Family Therapist
☐ Speech-Language Pathologist ☐ Other: ______________________________

If other, please explain:____

State/Province in which licensed: ____________________ License #: ____________________

A copy of your current license to practice, with expiration date, must accompany your completed application.

Attach check for annual dues which are as follows: **Full Member: $75** __________ **Student Member: $45**__________

Mail completed application form and appropriate check to:

NYSCH
c/o **Ita O'Sullivan, NP**
34 Tower Hill Drive
Port Chester, NY 10573

The facts set forth in my application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rescinding membership. **YOU MUST SIGN YOUR APPLICATION:**

Signature: ______________________________________ Date: ____________________