Oregon Hypnotherapy Association

Preserving Professionalism in Hypnotherapy

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Membership Application

Date_____

Certificate No_____

For office use only

To the Membership Committee:
YES, I wish to become a member of the Oregon Hypnotherapy Association.

Please print in this box how you wish to appear in our records and on your membership certificate (including applicable credentials):	Please enter text here you would like to show potential clients on the OHA online directory. Continue on backside if necessary.
Name: Business Name: Office Address: Home Address: Office Phone: Home/Alt Phone: Email address: URL: Years in hypnotherapy practice: If you were dismissed from a professional organization because of an ethics complaint, please explain on a separate sheet.	

Please list at least 150 hours of applicable training. Include copies of certificates/diplomas with this application.

Hours	Description of Education/Name of School Attended

Annual Professional Member Fees (circle one)

Member	1 year $50	2 years $85	Lifetime $300
Associate Member	1 year $35		

Make check payable to:
Oregon Hypnotherapy Association

Mail this form and your remittance to:
Oregon Hypnotherapy Association
16869 SW 65th Ave PMB 357
Lake Oswego, OR 97035

I certify that the information supplied above is true and correct to the best of my knowledge. I have fulfilled the requirements for membership and have attached all applicable documentation for consideration by the Board of Directors. I further state that I am in compliance with the ethics of the OHA.

_____

Signature *Date*

(Membership requirements are listed at www.hypnosis-oregon.com)