

Canadian Society of Clinical Hypnosis (BC Division)
2010 MEMBERSHIP RENEWAL

Membership is effective from January 1 to December 31 each year.

We thank you for your interest in the C.S.C.H. and are sending you this form to complete so that your name will remain on the Membership List. The following is your current information on file for the Society Directory.

Please complete application form and return with your cheque for membership dues, **payable to "CSCH"** - Canadian Society of Clinical Hypnosis (BC Division) **Please Mail to: 2036 West 15th Avenue, Vancouver, BC V6J 2L5.**

NAME/ADDRESS/ PHONE/EMAIL	DEGREES	MEMBER TYPE (see below for codes)	REFERRALS	AREAS OF SPECIALTY

EMAIL ADDRESS for monthly meeting info, newsletter & upcoming event information (IF DIFFERENT FROM ABOVE): _____

***NEW* - WOULD YOU LIKE THE ABOVE INFORMATION LISTED ON OUR WEBSITE FOR REFERRALS?**

Yes or No

***NEW* - WOULD YOU LIKE YOUR WEBSITE ADDRESS LINKED WITH OUR WEBSITE?**

Yes or No (if "yes", please provide website address) _____

DO YOU HAVE A MEMBERSHIP IN THE AMERICAN SOCIETY OF CLINICAL HYPNOSIS?

Yes or No

I AM LICENSED OR CERTIFIED IN BRITISH COLUMBIA AS A:

<u>Profession</u>	<u>License #</u>	<u>Profession</u>	<u>License #</u>
Physician	_____	Social Worker	_____
Dentist	_____	Nurse	_____
Psychologist	_____	Marriage & Family	_____
Registered Clinical	_____	Therapist	_____
Counsellor	_____	Other	_____

ANNUAL DUES:	\$110	Full Membership (F)
Jan.1/2010 - Dec.31/2010	\$110	Associate Membership (A)
	\$110	Special Affiliate Membership (SA)
	\$ 25	Student Membership (S)

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT:
 (604) 688-1714 or email: admin@hypnosis.bc.ca
www.hypnosis.bc.ca