

MEMBERSHIP APPLICATION

Return completed application to:

Canadian Society of Clinical Hypnosis (BC Division)
#400 - 601 West Broadway, Vancouver, BC, V5Z 4C2
Phone # (604) 868-5910 / Fax # (604) 433-0111
www.hypnosis.bc.ca Email: admin@hypnosis.bc.ca

NAME: _____

1. Address: _____

_____ Postal Code: _____

Phone Number: _____ Email Address: _____

2. Mailing Address (if different from above):

_____ Postal Code: _____

3. Highest Professional Degree earned:

This Degree was earned from what Educational Body: _____

Year of Graduation: _____

5. If membership is granted, the other Degrees I would like listed in the Society Directory are:

(Please use abbreviations only)

6. I am licensed or certified in British Columbia as a:

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

7. I have completed my basic training in clinical hypnosis: _____ YES _____ NO

Sponsoring Organization: _____

Place/Date: _____

Number of Hours: _____

Please submit a certificate of attendance with your application. If you have not completed basic training, you will be required to do so within one year of approval of your membership application. Please see Membership Eligibility for particulars of training requirements.

8. I wish to apply for membership in the following category:

Full Member: _____; Associate Member: _____; Affiliate Member: _____; or Student Member*: _____;

* Note: Student applicants must provide proof of student status.

9. I am a member of the American Society of Clinical Hypnosis: _____ YES _____ NO

*** Please note that only Full members will be listed as accepting referrals.

10. If Full membership is granted, do you plan to accept referrals? _____ YES _____ NO

11. If Full membership is granted, would you like your information listed on our website for referrals?

_____ YES _____ NO

12. If Full membership is granted and you are accepting referrals, please indicate what areas you will be offering treatment: _____

13. Would you like your website address linked with our website? _____ YES _____ NO

If "YES" your Website address: _____

14. Referred by: _____

15. Do you have or have you had any restrictions, reprimands, or ongoing disciplinary investigation being conducted by your regulatory body regarding your licensure of registration? _____ YES _____ NO

If "YES" please Explain: _____

I certify that the above information is complete and accurate and agree to abide by the Constitution of the Canadian Society of Clinical Hypnosis (B.C. Division).

DATE: _____ SIGNATURE: _____

Annual Dues: \$175 **Full Membership**
 \$175 **Associate Membership**
 \$175 **Affiliate Membership**
 \$50 **Student Membership**

*Memberships run from January 1 through to December 31 of any given year. Dues are not prorated.

* Applicants will be advised when Membership has been approved. At that time annual dues can be paid by cheque or credit card.

I have enclosed: _____ Documentation of introductory workshop
_____ If applying for student membership, proof of student status.



MEMBERSHIP ADVANTAGES

- Education in and experience with current and comprehensive hypnosis techniques.
- Substantially reduced registration fees at most workshops.
- Directory Referrals.
- Newsletters to keep you up to date with society events and upcoming workshops (ours and others).
- Regular Monthly Meetings the third Wednesday of each month. The purpose of these monthly meetings is to provide useful information to our members and a place for members to meet and discuss hypnosis in a positive learning environment.
- Certificate of membership suitable for framing for Full Members



MEMBERSHIP REQUIREMENTS

PREREQUISITE FOR MEMBERSHIP is the completion of an introductory workshop approved by the Canadian Society of Clinical Hypnosis (B.C. Div.), or American Society of Clinical Hypnosis (ASCH) or another component section of the ASCH which offers supervision and practice in hypnotic techniques and clinical applications. Contact the Society office at (604) 868-5910 for dates of upcoming training workshops.

FULL MEMBERSHIP:

To be eligible for Full Membership the applicant must have:

- An M.D., D.D.S., Ph.D., or an equivalent doctoral degree with psychology as the major study, or a Master's degree in nursing, social work, psychology or marital/family therapy; and
- Required degree shall be from a University or College accredited by its appropriate regional accrediting body; and
- Registered or Licensed to practice in British Columbia; and
- Membership, or eligibility for membership, in a professional society consistent with his/her degree; and
- Appropriate professional training and experience in clinical or experimental hypnosis.

ASSOCIATE MEMBERSHIP:

To be eligible for Associate Membership the applicant must have all of the requirements for Full Membership, however, you will have one year to acquire the prerequisite clinical experience and training for full membership status.

AFFILIATE MEMBERSHIP:

To be eligible for Affiliate Membership, the applicant must be a Professional who does not meet all the qualifications for any of the above categories but whose contributions and interests justify membership.

STUDENT MEMBERSHIP:

To be eligible for Student Membership, the applicant must be:

- A full time student enrolled in a graduate program in active pursuit of a doctorate in medicine, dentistry, or psychology, or a Master's degree in counseling psychology, social work, nursing or marital/family therapy.

The graduate program must be held in a university, accredited by its appropriate regional accrediting body.