

Use this form or apply online: <https://www.sceh.us/apply-for-membership>

Updated 09/19/2025

Contact Information

Date of Application: _____

First name: _____ M.I.: _____ Last Name: _____

Degrees Completed: _____ Job title: _____

Company: _____

Mailing & Billing Address

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Zip/postal code: _____ Country: _____

Email: _____ Phone: (____) _____

☐ **Member Directory profile listing** – I agree to have my information listed in the SCEH Membership Directory (available to members only via log in to the members only portion of our website).

You must make a selection for your application to be complete. Thank you. ☐ **Yes** ☐ **No**

What is your PRIMARY reason for joining SCEH? (Select one.)

- | | |
|--|--|
| <input type="checkbox"/> Annual meeting discount | <input type="checkbox"/> Support the field of hypnosis |
| <input type="checkbox"/> Hypnosis training programs | <input type="checkbox"/> Advance visibility in the field |
| <input type="checkbox"/> Research information/guidance | <input type="checkbox"/> <input type="checkbox"/> Hypnosis certification program |
| <input type="checkbox"/> Journal subscription | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Networking | |

What other reasons are important to you? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Annual meeting discount | <input type="checkbox"/> Support the field of hypnosis |
| <input type="checkbox"/> Hypnosis training programs | <input type="checkbox"/> Advance visibility in the field |
| <input type="checkbox"/> Research information/guidance | <input type="checkbox"/> Hypnosis certification program |
| <input type="checkbox"/> Journal subscription | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Networking | |

Professional Affiliations (Select all that apply.)

- ☐ American Society of Clinical Hypnosis [] European Society of Hypnosis
☐ American Psychological Association Division 30 [] Society of Behavioral Medicine
☐ International Society of Hypnosis [] Other: _____
☐ Local Hypnosis Society (please specify): _____

Are you a Diplomat of an American or European Board?

[] Yes [] No

Honorary Societies (if applicable) - List here.

Academic Degree(s) COMPLETED

Degree: _____ Degree: _____ Degree: _____
Date received: _____ Date received: _____ Date received: _____
Institute: _____ Institute: _____ Institute: _____
Field: _____ Field: _____ Field: _____

Professional Activity (Check all that apply)

☐ Clinical Practice ☐ Research ☐ Supervisor/Professor/Teaching ☐ Nursing ☐ Dentistry

☐ Mental Health Counselors or Associate ☐ Other (specify): _____

Areas of Research Work and Interest

If approved for membership, you will be able to log into your member profile **to indicate areas of research work and interest**. Please complete this section of your profile after your membership has been approved.

Code of Ethics - required

See <https://www.sceh.us/bylaws-code-of-ethics-policies> and check the box below to certify that you abide by the Code of Ethics; required for membership.)

☐ I attest that I have read the SCEH Code of Ethics and I agree to abide by it. I understand that failure to abide by the code of ethics can result in suspension of or expulsion from Membership of SCEH.

Member Eligibility

Before submitting your application, be sure you have reviewed SCEH member eligibility requirements at:

<https://www.sceh.us/apply-for-membership>

This page contains the latest updates to eligibility criteria – as outlined in the SCEH bylaws – including details about Membership Categories:

- FULL MEMBERSHIP
- STUDENT AFFILIATE MEMBERSHIP

For current annual dues, see our Apply for Membership page at: www.sceh.us/apply-for-membership.

SCEH Policies

All members should familiarize themselves with SCEH policies which are listed on our website at:

<https://www.sceh.us/bylaws-code-of-ethics-policies>.

Applicants for Full Membership

This section must be filled out if you are applying for Full Membership. Note required documentation.

Those applying for Full Membership need to provide either license documentation OR research affiliation. Thank you.

License information

Area of license: _____ License Number: _____ License
Country/State: _____

☐ I have attached a copy of my license.

OR

☐ I have attached a letter attesting to my research affiliation.

Research Affiliation

Name of Institution: _____ Department: _____

Position: _____

Address of Institution:

Website of Institution: www._____

Applicants for Student Affiliate Membership

This section must be filled out if you are applying for Student Affiliate Membership. Note required documentation. Copies of transcripts or other documents do not suffice.

Education/training start date: _____ End date: _____

Organization/ institution: _____

Name of supervisor/department chair: _____

☐ I am attaching a letter from the department chair/academic mentor/faculty member verifying current student status.

Payment Information – Next Page

Payment

Membership Type Applying for: ☐ Full Membership ☐ Student Affiliate

For current annual dues, see our Apply for Membership page at: www.sceh.us/apply-for-membership.

[] **Check enclosed** -- Make checks payable to Society for Clinical and Experimental Hypnosis and mail to (be sure to use complete address noted here: **Society for Clinical and Experimental Hypnosis**

P.O. Box 6027
Chelsea, MA 02150 USA

☐ Credit card payment --

- IMPORTANT NOTE: **DO NOT EMAIL THIS FORM IF INCLUDING CREDIT CARD INFORMATION.**
- IF YOU WISH TO PAY BY CREDIT CARD, PLEASE COMPLETE YOUR APPLICATION ONLINE. THANK YOU.

Indicate Credit Card Type: ☐ VISA ☐ MasterCard ☐ Discover

Name (exactly as it appears on the card):

Credit Card Number: _____

Expiration Date (month/year):_____/_____/_____ Security Code:_____

To process your credit card, we need the address, phone and email associated with your credit card. Note it here:

Billing & Mailing Address:

_____/_____/_____
City State Zip Country

Email: _____ Phone: _____

Signature: _____ Date: _____

MEMBERSHIP APPROVAL PROCESS

Your application will be reviewed by the SCEH Membership Committee upon receipt of a **complete membership application (including any required documentation) along with your payment**. On average, this process takes about two weeks.

We will notify you by email, so be sure to add the addresses below to your email address book or whitelist/safe senders list to ensure you receive communications from us.

- mam@memberclicks-mail.net
- anne@sceh.us
- info@sceh.us

QUESTIONS? Email us at info@sceh.us

NOTE: Do not email this form if it contains credit card information.