## **Membership Application, P. 1**

EH SOCIETY FOR CLINICAL & EXPERIMENTAL HYPNOSIS

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https://www.sceh.us/apply-for-membership	Updated January 2023
Contact Information	
Date of Application:	
	_ast Name:
	Job title:
Company:	
Mailing & Billing Address	
	us to use when contacting you with SCEH-related materials and
Address Line 1:	
Address Line 2:	
City:	State/Province:
Zip/postal code: Country	r
Email:	Phone: ()
for your application to be complete. Thank you.	ers only portion of our website). You must make a selection
What is your PRIMARY reason for joining SCEH? (Select one.)	
Annual meeting discount	
Hypnosis training programs	
Research information/guidance	
Journal subscription	
<ul><li>Networking</li><li>Support the field of hypnosis</li></ul>	
Support the field of hypnosis         Advance visibility in the field	
<ul> <li>Hypnosis certification program</li> </ul>	
Other (specify):	
What other reasons are important to you? (Select all that apply.)	
Annual meeting discount	
Hypnosis training programs	
Research information/guidance	
Journal subscription	
<ul><li>Networking</li><li>Support the field of hypnosis</li></ul>	
Support the field of hypnosis         Advance visibility in the field	
Hypnosis certification program	
Other (specify):	



SCEH SOCIETY FOR CLINICAL & EXPERIMENTAL HYPNOSIS

Professional Affiliations (Select all	that apply.)		
<ul> <li>American Society of Clinical Hyp</li> <li>American Psychological Associa</li> <li>International Society of Hypnos</li> <li>Local Hypnosis Society (please s</li> </ul>	tion Division 30 []Society of []Society of []Other: _	n Society of Hypnosis of Behavioral Medicine 	
Are you a Diplomat of an Americ [] Yes [] No Honorary Societies (if applicable)			
Academic Degree(s) COMPLETE			
Date received:		Degree:	
Institute:			
Field:	Institute: Field:		
Professional activity (Check all tha	t apply)		
[ ]Clinical Practice [ ]Research [ [ ] Mental Health Counselors or Ass			
If approved for membership, you interest.	will be able to log into your men	ber profile to indicate areas of resear	ch work and

## **Code of Ethics - required**

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

 $\Box$  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: <a href="https://www.sceh.us/apply-for-membership">https://www.sceh.us/apply-for-membership</a>

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



## Membership Application, P. 4

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					
Research Affiliation					
Name of Institution:     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.					
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 []Stud	ent Affiliate			
[] <b>Check enclosed</b> Make checks pay complete address as noted below):	able to Society	for Clinical and Expe	erimental Hypnosis and mail to (be sure to	use	
	Society for Clinical and Experimental Hypnosis				
	P.O. Box 6027				
	Chelsea, MA 02150 USA				
[] Credit card payment					
Indicate Credit Card Type: []VISA	[]MasterCa	rd [] Discover			
Name (exactly as it appears on the car	d):				
Credit Card Number:					
	(	with Cardan			
Expiration Date (month/year):/	Sec	unity code:	_		
To process your credit card, we need t	he address, pho	one and email asso	ciated with your credit card. Note it here:		
	ine uuuress, prie				
Address:					
	/	/	//		
City	State	Zip	Country (if outside USA)		
Email:		Phone:			
Signature:			Date:		

**MEMBERSHIP APPROVAL PROCESS** -- Your application will be reviewed by the SCEH Membership Committee upon receipt of a complete membership application and 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.