

Membership Application Form, Page 1

Personal Information

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

Degrees: _____ Job title: _____

Affiliation: _____

Mailing & Billing Address

Please provide the contact information you would like us to use when contacting you with SCEH-related materials and publications. We also use this as your billing address.

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Zip/postal code: _____ Country: _____

Email: _____ Phone: (____) _____

Please check here if you DO NOT wish to be listed in the Membership Directory.

What is your primary reason for joining SCEH? (Choose one.)

- | | |
|--|--|
| <input type="checkbox"/> Annual meeting discount | <input type="checkbox"/> Research information/guidance |
| <input type="checkbox"/> Journal subscriptions | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Networking | |

Professional Affiliations (Select all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> American Society of Clinical Hypnosis | <input type="checkbox"/> European Society of Hypnosis |
| <input type="checkbox"/> American Psychological Association Division 30 | <input type="checkbox"/> Society of Behavioral Medicine |
| <input type="checkbox"/> International Society of Hypnosis | <input type="checkbox"/> Other: _____ |

Academic Degree(s)

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

Professional activity (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Research | <input type="checkbox"/> Supervisor/Professor/Teaching |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Mental Health Counselors or Associate |
| <input type="checkbox"/> Other (specify): _____ | | |

Membership Categories

Membership status is awarded to individuals by the Credentials and Membership Committee based on the information provided in this application. Individual memberships are not transferable. Membership does not certify competence in hypnotherapy and cannot be used as an indication of competence in any representation to the public.

FULL MEMBERSHIP is available to physicians; dentists; doctoral level speech pathologists; doctoral level practitioners of Traditional Chinese Medicine (accredited by the Accreditation Commission for Acupuncture and Oriental Medicine); those with a masters or higher degree in psychology, marital/family therapy (or couples/family therapy), counseling, nursing, physicians assistants, social work (accredited by the Council on Social Work Education), health coaching, or physical and occupational therapy.

All members: 1) shall be licensed or certified for practice in the state/province in which they practice, 2) shall have a faculty or research position at a university or other research facility, or shall be conducting research on hypnosis which has the potential to make a bona fide contribution to the literature, or 3) shall be retired in good standing. All shall agree to the code of ethics of the SCEH. Failure to abide by the code of ethics can result in suspension or expulsion from membership in SCEH and other actions. They shall have received their degree from a University or College accredited by its appropriate regional accrediting body. Membership status is awarded to individuals by the Credentials and Membership Committee based on the information provided in the application form. Full members shall have the right to vote, hold office, and chair a standing committee. If a person does not qualify for membership in SCEH but has made exceptional contributions to the field of hypnosis, s/he may be nominated by a fellow of the society for full membership. The Executive Council must then accept or reject the application by majority vote.

PROFESSIONAL AFFILIATE MEMBERSHIP is available to those with a bachelors or higher degree and licensure in nursing, dental hygiene, or mental health counsellors/associates. Professional Affiliates shall agree to abide by the code of ethics of the SCEH. Failure to abide by the code of ethics can result in suspension or expulsion from membership in SCEH and other actions. They shall have received their degree from a University or College accredited by its appropriate regional accrediting body. Membership status is awarded to individuals by the Credentials and Membership Committee based on the information provided in the application form. Professional affiliate members shall receive all the privileges of membership with the exception of the right to vote or hold office.

STUDENT AFFILIATE MEMBERSHIP is available to candidates (students, interns or residents) to those degrees implicit to Article I, Section 2 of the Bylaws of this Constitution. A document verifying their candidacy or student status shall accompany their application. Verifying documents can be letters from the chairs of their respective department or an academic mentor or faculty of their university, etc. They shall also agree to the code of ethics of the SCEH. Student affiliate status shall be limited to the period during which the affiliate is officially an intern, a resident, or a student working for the appropriate degree, as described above. A student affiliate shall receive all the privileges of membership with the exception of the right to vote or hold office.

Membership Type Applying for: Full \$165 Professional Affiliate \$165 Student Affiliate \$49

Code of Ethics (Check box to certify that you abide by the code; required for membership.)

I attest that I have read the SCEH code of ethics (<http://www.sceh.us/bylaws-of-the-society>) 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.

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Applicants for Full Membership or Professional Affiliate Membership

This section must be filled out if you are signing up for Full Membership or Professional Affiliate Membership.

Those applying for Full Membership need to provide either license information OR research affiliation. Those applying for Professional Affiliate Membership need to provide license information. If you have difficulty uploading your license, please email it to us at info@sceh.us with the subject line "Membership application - additional materials". 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: _____ Department: _____ Position: _____

Address of Institution: _____

Applicants for Student Membership

This section must be filled out if you are applying for Student Membership.

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 your current student status.

Payment

Check enclosed -- Make checks payable to Society for Clinical and Experimental Hypnosis and mail to us at 305 Commandants Way – Commoncove Suite 100, Chelsea, MA 02150-4057 USA

Credit card payment

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:

Address: _____

City/State/Zip/Country if outside USA) _____

Email: _____ Phone: _____

Signature): _____ Date: _____