

The New York Society of Clinical Hypnosis, Inc.

Founded 1974 A Component Section of the American Society of Clinical Hypnosis, Inc.

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Dear Colleague,

RE: 2011-12 NYSCH MEMBERSHIP

It's that time again, to renew your NYSCH (The New York Society of Clinical Hypnosis) membership . Our membership organization is committed to advancing knowledge and training in the Art and Science of Clinical Hypnosis. Membership is open to all LICENSED HEALTH CARE PROFESSIONALS holding a master's degree and/or above; student memberships are offered for those enrolled in full-time Master's Level or above degree programs.

Our meetings historically have been held in Queens or Long Island, in order to be more available to all practitioners in the five boroughs, Long Island, Westchester, New Jersey, and Connecticut.

BENEFITS OF MEMBERSHIP:

- Admission to our five yearly workshops
- 10 Credits towards your ASCH certification*
- Networking
- Referrals
- Collegial atmosphere

***All workshops are taught by a member of Bd of Directors (all whom are licensed ASCH Consultants) and/or other skilled, licensed clinicians. All workshops will have received approval for ASCH credit**

1. Full Name: _____

Last

First

Middle

Address: _____

City, State/Province: _____ Country: _____ Zip: _____

Telephone number Home/Office: _____ Fax number: _____ Cellphone: _____

Email address: _____

2. Which membership category are you applying for? Full Student

3. Education: Institution: _____ Degree: _____ Date: _____

Institution: _____ Degree: _____ Date: _____

Institution: _____ Degree: _____ Date: _____

Institution: _____ Degree: _____ Date: _____

If applying for Student membership, a letter from your advisor/department head/Registrar certifying your current level of education must accompany you completed application

4. Licensed to Practice as: Physician Psychologist Dentist Social Worker
 Nurse Mental Health Counselor Chiropractor Marriage/Family Therapist
 Speech-Language Pathologist Other _____

If other, please explain: _____

State/Province in which licensed: _____ License #: _____

A copy of your current license to practice, with expiration date, must accompany your completed application.

Attach check for annual dues which are as follows: Full Member \$ 60 _____ Student Member: \$35 _____

Mail completed application form and appropriate check to:
NYSCH
c/o Dr. Marlene Levy
7 Oak Tree Court
Sands Point, NY 11050

The facts set forth in my application are true and complete. I understand that false statements on this application should be considered sufficient cause for rescinding membership. **YOU MUST SIGN YOUR APPLICATION**

Signature: _____ Date: _____