



Board of Directors
 Howard Hamilton, CHt
 Carole Ockert, BS, CHt
 Patrick Glancy, CI, BCH
 Joseph Bennette, MRET, CHt
 Robert D. Reid, CI, CHt, EFT-CC

Membership Application

To the Membership Committee:

YES, I wish to become a member of the Oregon Hypnotherapy Association.

Please print in this box how you wish to appear in our records and on your membership certificate (including applicable credentials):	Please enter text here you would like to show potential clients on the OHA online directory. Continue on backside if necessary.
Your Name*: Business Name: Office Address: Office Phone: Mailing Address: Home Address: Home/Alt Phone: Email address: URL: Years in hypnotherapy practice: If you were dismissed from a professional organization because of an ethics complaint, please explain on a separate sheet.	
Please list at least 150 hours of applicable training. Include copies of certificates/diplomas with this application.	
Hours	Description of Education/Name of School Attended

**as you want it to appear on your membership certificate*

Annual Professional Membership Fees (circle one): Member \$50 Associate Member \$35

Make check payable to:
Oregon Hypnotherapy Association

Mail this form, qualifying documentation, and your remittance to:

Oregon Hypnotherapy Association
 PO Box 432
 Lake Oswego, OR 97034

I certify that the information supplied above is true and correct to the best of my knowledge. I have fulfilled the requirements for membership and have attached all applicable documentation for consideration by the Board of Directors. I further state that I am in compliance with the ethics of the OHA.

Signature *Date*

(Membership requirements are listed at www.hypnosis-oregon.com)