



# Membership Application

To the Membership Committee:

**YES**, I wish to become a member of the Oregon Hypnotherapy Association. I understand that acceptance of my application for membership by the Board of Directors includes free admission to my first OHA meeting\*.

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:  Alt Phone: Email address: Web 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

\*A \$45 value. Some restrictions apply. See our web site for details.

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

Make tax-deductible check payable to:  
*Oregon Hypnotherapy Association*

Mail your remittance to:  
Oregon Hypnotherapy Association  
PO Box 3511  
Salem, OR 97302

**Pay Online at**  
**[ohanw.org/membership-renewal/pay-fee](http://ohanw.org/membership-renewal/pay-fee)**

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 OHA code of ethics.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

(See membership requirements and Code of Ethics at [www.ohanw.org](http://www.ohanw.org))