

THE HYPNOTHERAPY ASSOCIATION

Incorporating the UK Hypnotherapy Register

Telephone & Fax: (01257) 262124

Email: b.h.a@btconnect.com

Website: thehypnotherapyassociation.co.uk



Association National Office

14 Crown Street

CHORLEY

Lancashire

PR7 1DX

Dear Colleague

Thank you for requesting an application pack, which should include the following items:

- Membership Application Booklet
- Application Form 1
- Application Form 2
- Payment/Remittance Form

The Membership Application Booklet should be studied carefully. Note in particular the requirements for entry into the Grade of Full Member.

Please complete the forms and return with your payment as appropriate, with copies of your hypnotherapy training certificates and insurance if you have it. If you do not have insurance please contact either Howden (0845 3711 433) or Balen (01684 580771) Insurance Brokers to obtain it. All members must have insurance in order to join.

When you sign your application form, you agree to abide by the Constitution and Code of Ethics and Practice. It may be necessary for the Association to change or amend rules from time to time as the organisation develops. However the Constitution cannot be amended without the consent of the membership via a general vote either by post or at a General Meeting. This is to ensure the democratic governance of the association.

The Hypnotherapy Association is a thriving organisation and very progressive in its outlook. We also operate a fair and open policy, which means that as a member you will be entitled to inspect any of our accounts and minutes of meetings at the Registered Office.

We hope you will look seriously into joining us and look forward to receiving your application.

Yours sincerely,

Costa Lambrias
Company Secretary

Representing Hypnotherapists in Practice

Formerly BHA Hypnotherapy Association, Registered Office: 14 Crown St, Chorley, PR7 1DX
Incorporated in England & Wales, No 3462687, limited by guarantee and controlled by its members

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Please complete and return to
The Secretary, The Hypnotherapy Association. 14 Crown Street, Chorley, Lancs. PR7 1DX

TITLE:

FORENAME:

SURNAME:

.....

Give brief history of your life experience before training as a hypnotherapist.

What brought you into hypnotherapy? Give your reasons for taking up hypnotherapy.

DECLARATION

I declare that the above Membership Application is true and I apply to become an Associate/Licentiate/Full Member of The Hypnotherapy Association.

Signed..... Date.....

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THE HYPNOTHERAPY ASSOCIATION

UK HYPNOTHERAPY REGISTER

Registration and Membership Certificate (once only payment, all applicants)

25.00

ASSOCIATE/LICENTIATE/FULL MEMBER ANNUAL SUBSCRIPTION

*All subscriptions are due for renewal on 1st April.

* April,May,June. £60.00

Please select correct fee from the list according to

* July,Aug,Sept. £45.00

which month you join. e.g. if you join in November,

* Oct,Nov,Dec. £30.00

you pay £30 subs and renew the following April.*

* Jan,Feb,March. £15.00

TOTAL

You may pay as follows:-

1. By cheque/P.O. in full payment (Payable to The Hypnotherapy Association)
2. By Credit Card

I understand that the period of registration for annual subscriptions is one calendar year, and that I am not entitled to a refund if I voluntarily cancel.

Signed Date.....

STREAMLINE CREDIT CARD TRANSACTION DETAILS

Card Type: _____

Cardholder's Name: _____

Credit Card No. _____

Expiry Date): _____
(4 digit MM/YY)

Start Date or Issue No if applicable: _____

Card Security Code: _____
(Last 3 or 4 Ns. on back of card)

Cardholder's Postcode: _____

Cardholder's House No. _____

Amount: _____ Signed: _____

Please return your completed application form(s) and remittance to:-

**The Secretary,
THE HYPNOTHERAPY ASSOCIATION
14 Crown Street
Chorley
Lancashire PR7 1DX**