



INTERNATIONAL SOCIETY OF HYPNOSIS

BUILDING BRIDGES OF UNDERSTANDING

NEW Constituent Society Membership Application Form

ISH Central Office

PO Box 602, Berwyn, PA 19312, USA

Phone: +1(800) 550 ISH1

Website: www.ISHhypnosis.org

E-mail: administrator@ISHhypnosis.org

APPLICATION FOR NATIONAL SOCIETY AS CONSTITUENT SOCIETY OF ISH

Date of Application _____

1. NATIONAL SOCIETY

Official Name of the National Society: _____

Full Mailing Address:

Address: _____

Postal (ZIP) Code: _____

City: _____

State/Province: _____

Country: _____

Tel No: _____

Fax No: _____

E-Mail address: _____

2. OFFICERS OF THE SOCIETY:

President Name, Degree: _____ **Title:** _____

Address: _____

Tel No: _____

E-Mail address: _____

Secretary Name, Degree: _____ **Title:** _____

Address: _____

Tel No: _____

E-Mail address: _____

Treasurer Name, Degree: _____ **Title:** _____

Address: _____

Tel No: _____

E-Mail address: _____

President-Elect Name, Degree: _____ **Title:** _____

Address: _____

Tel No: _____

E-Mail address: _____

3. NATIONAL SOCIETY MEMBERSHIP

Please indicate which of the following professional colleagues can, if properly qualified, become **members of your National Society**. List any restrictions on membership that apply to any specific group, particularly if this is not clearly indicated below.

<i>Restrictions</i>	<i>No. of members as of filing date in each category</i>
<input type="checkbox"/> Medicine: _____	_____
<input type="checkbox"/> Dentistry: _____	_____
<input type="checkbox"/> Psychology: _____	_____
Other professional specialties (list specifically and indicate any restrictions on membership):	
_____	_____
_____	_____
_____	_____

Are there any individuals who are not health professionals (e.g. As paid members, honorary members, or affiliates) who are eligible to join your Society in any capacity?

YES NO

If YES, state specific conditions and restrictions on membership:

4. NATIONAL SOCIETY MEMBERSHIP REQUIREMENTS

Please summarize the **minimum requirements for National Society membership** (e.g. degree, experience, etc.) in the following categories, or equivalent, to the extent relevant.

MINIMAL REQUIREMENTS	Fellow	Regular	Member	Affiliate Student	Other - Specify
Degree (specify those qualifying)					
Years of experience Required					
Number of publications required					
Clinical training or courses in hypnosis					
Number of persons in each category					

5. NATIONAL SOCIETY DUES

Does the National Society at present levy or bill annual **dues** to its members?

YES NO

6. NATIONAL SOCIETY PUBLICATIONS

Do the National Society membership dues include a **subscription to a Hypnosis Journal or Newsletter**?

YES NO

7. CONGRUENCE OF STANDARDS

From your knowledge of the standards of membership of ISH, do you feel that all of the members of the National Society should **qualify for membership of ISH?**

YES NO

Notes: _____

8. DEGREES

In your county what **degree** is equivalent to:

M.D. (highest degree awarded in medicine): _____

Ph.D. (highest degree awarded in Psychology): _____

D.D.S (highest degree awarded in dentistry): _____

9. NATIONAL SOCIETY MEMBERS LIST

For your National Society to be considered eligible as an ISH Constituent Society, a **complete list of current Society members** (including primary *degree* or profession, and current *mailing addresses*) should be forwarded with this application.

Did you enclose the **complete List of Members?**

YES NO

10. NATIONAL SOCIETY CONSTITUTION AND BY-LAWS

For your National Society to be considered eligible as ISH Constituent Society, a **copy of your constitution and by-laws (in English** to facilitate rapid processing) that details a statement of membership requirements.

Did you enclose your National Society **Constitution and By-Laws**

YES NO

11. NATIONAL SOCIETY REPRESENTATIVES

Please indicate below the names of two (2) **representatives** who will represent your Society on the ISH Council of Representatives upon the acceptance of your National Society as Constituent Society.

Note: The Constituent Society Representatives MUST be or become ISH individual members to be eligible to represent the Society.

CONSTITUENT SOCIETY REPRESENTATIVE #1	CONSTITUENT SOCIETY REPRESENTATIVE #2
NAME (PRINTED)	NAME (PRINTED)
ADDRESS	ADDRESS
Email	Email

12. PROCESSING FEE PAYMENT

Please charge the credit card for the processing fee of EU 110.00 (USD 150.00)

YES NO

VISA MASTERCARD

No: _____

Name cardholder: _____

Expiry date: _____

CCD code: _____ (last three digits)

Zip/Postal code attached to billing address for card: _____

Cardholder Signature: _____

APPLICATION SIGNATURE

Subscriptions for National Constituent Societies apply to calendar year, January to December, (but yearly renewal fee is due by 31 December of previous year)

National Society _____

Typed Name of the signing Officer: _____

Officer's Title in National Society: _____

Officer's Address: _____

Officer's Signature: _____

Please forward this form, along with all additional enclosures and comments to:

ISH Central Office

PO Box 602, Berwyn, PA 19312 USA

Phone: +1(880)550-ISH1

Website: www.ISHhypnosis.org

E-mail: administrator@ISHhypnosis.org



All applications will be acknowledged by air mail: application processing and final decision usually takes no more than 90 days from day of receipt of all above-mentioned material (no application can be processed until all material is received)

Please enclose to this application:

- 1. A list or directory of current members as of this filing date*
- 2. Constitution and By-laws of National Society (in English)*
- 3. Ethics of your Society (In English)*
- 4. Send a copy of any publication or newsletter, which your Society publishes
(Can be sent by separate surface mail as "printed matter")*
- 5. Processing fee payment of EU 110.00 (USD 150.00), filling item #12*