



# 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.

*Restrictions*

*No. of members  
as of filing date in each category*

- Medicine: \_\_\_\_\_
- Dentistry: \_\_\_\_\_
- 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.

<b>MINIMAL REQUIREMENTS</b>	<b>Fellow</b>	<b>Regular</b>	<b>Member</b>	<b>Affiliate Student</b>	<b>Other - Specify</b>
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 please include:

**10a CONSTITUTION AND BYLAWS** (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

**10b CODE OF ETHICS**

Did you include a copy of your code of ethics with the application.  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*

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**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*