

## APPLICATION FOR MEMBERSHIP FORM

TITLE (please circle) Professor Dr Mr Mrs Ms Miss

FAMILY NAME.....GIVEN NAMES.....

POSTAL ADDRESS for receipt of mail from the Society.....

SUBURB .....STATE .....POSTCODE .....

EMAIL (to receive state & federal electronic messages from the Society and to access the Members' Section on the website - [www.hypnosisaustralia.org.au](http://www.hypnosisaustralia.org.au))

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Mobile .....Landline if available.....

PLEASE REMEMBER TO NOTIFY THE FEDERAL SECRETARIAT OF ANY CHANGES TO YOUR POSTAL OR EMAIL ADDRESSES.

Please email such changes to [ashltd@optusnet.com.au](mailto:ashltd@optusnet.com.au) or mail to PO BOX 3009 WILLOUGHBY NORTH NSW 2068. All your personal information will be retained by the federal secretariat and will be made available to your state branch; your postal/email address to the AEC for conducting the election of ASH LTD office bearers but NOT to any other individual, branch or party. Under corporate law, however, an individual can request a register of members which includes names and postal addresses.

PROFESSION (please circle)

Counselling Chiropractic Dental Hygiene Dental Therapy Dentistry Medicine Midwifery Nursing  
Occupational Therapy Osteopathy Optometry Physiotherapy Podiatry Psychology Social Work  
Speech Pathology

SPECIALITY .....

### ACADEMIC QUALIFICATIONS

Please provide degrees granted, university, and date of conferral with most recent first by attaching your CV .

REGISTERED HEALTH PRACTITIONERS

DETAILS OF INITIAL PROFESSIONAL REGISTRATION

DATE .....STATE .....

AUSTRALIAN NATIONAL HEALTH REGISTRATION NUMBER .....

OR

DETAILS OF PROFESSIONAL MEMBERSHIP - for Counsellors, Speech Pathologists & Social Workers

NAME OF PROFESSIONAL BODY .....

DATE OF JOINING ..... REGISTRATION NO .....

CURRENTLY A FINANCIAL MEMBER OF THAT BODY (please circle)

YES or NO

SUMMARY OF POST-GRADUATE EXPERIENCE & CERTIFICATE & DIPLOMA TRAINING as set out in your attached CV.

**CURRENT EMPLOYMENT STATUS**

Private Practice full time

Private Practice part time

Employed full time/part time

Academic Appointment

Other (please specify) .....

**MEMBERSHIP OF OTHER PROFESSIONAL SOCIETIES please name.....**

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**PREVIOUS TRAINING, EXPERIENCE OR PUBLICATIONS IN HYPNOSIS**

This should be outlined in your attached CV

**CODE OF ETHICS (available on the ASH website)**

**I hereby undertake and agree that if accepted for membership I will abide by the Articles, By-Laws and Code of Ethics of the Australian Society of Hypnosis Limited with particular reference to Guideline 3 of the Code of Ethics which is that "Each member of the Australian Society of Hypnosis shall limit the clinical and scientific use of hypnosis to the area of competence as defined by professional standards of his or her field."**

**SIGNATURE OF APPLICANT**

..... DATE .....

*Please forward this application to the federal secretariat of The Australian Society of Hypnosis by scanning and emailing to [ashltd@optusnet.com.au](mailto:ashltd@optusnet.com.au) or [boeashltd@optusnet.com.au](mailto:boeashltd@optusnet.com.au) or posting to PO Box 3009 Willoughby North NSW 2068 for processing.*

*After your AHPRA or professional body status has been confirmed, you will be asked to pay \$198.00 incl gst for a full financial year application or \$99.00 incl gst for the half year January to June.*

*You can arrange to pay in advance of that but please notify the federal secretariat of your intention.*

**Payment can be by direct deposit to the NAB West Perth Branch BSB 086 – 492 Account 860 125 372 or by cheque to the above address. Credit card payments are not available**

Ann Wilson MAPS  
Administration Officer  
Secretary BOE

Tatiana Bousovikov  
Administration Assistant

September 2016