



AUSTRALIAN
SOCIETY OF
HYPNOSIS

Australian Society Of Hypnosis Limited

ABN: 41 008 576 672

Post: PO Box 3009,
Willoughby North NSW 2068
Phone: +61 2 9747 4691
Email: ash ltd@hypnosisaustralia.org.au

Application for Membership Form

Title (please circle) Professor Dr. Mr. Mrs. Ms:

Family _____ 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)

Mobile _____ Landline (if available) _____

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

Please email such changes to ashltd@hypnosisaustralia.org.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	Medicine	Optometry	Social Work
Chiropractic	Midwifery	Pharmacy	Speech Pathology
Dental Hygiene	Nursing	Physiotherapy	
Dental Therapy	Occupational Therapy	Podiatry	
Dentistry	Osteopathy	Psychology	

Specialty _____

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 (please tick):

- | | |
|--|--|
| <input type="checkbox"/> Private Practice: Full-time | <input type="checkbox"/> Employed: Part-time |
| <input type="checkbox"/> Private Practice: Part-time | <input type="checkbox"/> Academic Appointment: |
| <input type="checkbox"/> Employed: Full-time | <input type="checkbox"/> Other (please specify): _____ |

MEMBERSHIP OF OTHER PROFESSIONAL SOCIETIES (please name):

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@hypnosisaustralia.org.au or boeashltd@hypnosisaustralia.org.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	Cheque
NAB West Perth Branch	PO BOX 3009
BSB: 086 – 492	Willoughby North
Account: 860 125 372	NSW 2068

Credit card payments are not available.

Federal Secretariat, Australian Society of Hypnosis
May 2018