

Australian Society Of Hypnosis Limited

ABN: 41 008 576 672

Post: PO Box 3009, Willoughby North NSW 2068 Email: ashltd@hypnosisaustralia.org.au boeashltd@hypnosisaustralia.org.au

State Branches:

* ASH NSW - admin1@ashnsw.org

* ASH QLD - ashltd@hypnosisaustralia.org.au

* ASH VIC - info@ashvictoria.com.au

* ASH WA - www.ashwa.org.au

Application for Membership Form

Title (please circle) Pro	fessor Dr. Mr. Mrs. Ms:			
Family	Given Names			
Postal Address for rece	eipt of mail from the Society:			
Suburb	State Postco	State Postcode		
EMAIL (to receive state website – www.hypnos	& federal electronic messages fro isaustralia.org.au)	m the Society and to acce	ess the Members' Section on the	
Mobile	bile Landline (if available)			
PLEASE REMEMBER ADDRESSES.	TO NOTIFY THE FEDERAL OFFI	CE OF ANY CHANGES T	O YOUR POSTAL OR EMAIL	
NSW 2068. All your pe your state branch; you but NOT to any other	ersonal information will be retain	ed by the federal secreta EC for conducting the eler or corporate law, howeve	BOX 3009 WILLOUGHBY NORTH ariat and will be made available to ection of ASH LTD office bearers er, an individual can request a	
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 _____ State _____ Australian National Health Registration Number Details of professional membership - for counsellors, speech pathologists & social workers Name of professional body_____ _____ Registration No. _____ Date of joining ___ 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):** Private Practice: Full-time Employed: Part-time Private Practice: Part-time Academic Appointment: Other (please specify): Employed: Full-time MEMBERSHIP OF OTHER PROFESSIONAL SOCIETIES (please name): PREVIOUS TRAINING, EXPERIENCE OR PUBLICATIONS IN HYPNOSIS This should be outlined in your attached CV Please forward this application to the federal secretariat CODE OF ETHICS (available on the ASH website) of The Australian Society of Hypnosis by scanning I hereby undertake and agree that if accepted for and emailing to ashltd@hypnosisaustralia.org.au or membership I will abide by the Articles, By-Laws boeashltd@hypnosisaustralia.org.au or posting to PO and Code of Ethics of the Australian Society of Box 3009 Willoughby North NSW 2068 for processing. Hypnosis Limited with particular reference to After your AHPRA or professional body status has been Guideline 3 of the Code of Ethics which is that confirmed, you will be asked to pay \$198.00 incl gst for "Each member of the Australian Society of Hypnosis a full financial year application or \$99.00 incl gst for the shall limit the clinical and scientific use of hypnosis half year January to June. to the area of competence as defined by professional standards of his or her field." You can arrange to pay in advance of that but please notify the federal secretariat of your intention. Signature of applicant Payment can be by: Cheque Direct deposit

April 2021

Federal Secretariat, Australian Society of Hypnosis

NAB - Burwood NSW Branch PO BOX 3009

Credit card payments are not available.

BSB: 082 - 171

Account: 860 125 372

Willoughby North

NSW 2068