



MEMBERSHIP RENEWAL

**Canadian Society of Clinical Hypnosis (BC Div)
#400 - 601 West Broadway, Vancouver, BC, V5Z 4C2**

**Phone # (604) 868-5910 / Fax # (604) 433-0111
www.hypnosis.bc.ca Email: admin@hypnosis.bc.ca**

NAME: _____

Residential Address: _____

_____ Postal Code: _____

Phone Number: _____ Email Address: _____

Office (Business) Address (if different from above): _____

_____ Postal Code: _____

I AM LICENSED OR CERTIFIED IN BRITISH COLUMBIA AS A:

<u>Profession</u>	<u>License or Registration #</u>	<u>Profession</u>	<u>License or Registration #</u>
Physician	_____	Social Worker	_____
Dentist	_____	Nurse	_____
Psychologist	_____	Marriage & Family	_____
Registered Clinical	_____	Therapist	_____
Counsellor	_____		
Certified Clinical	_____		
Counsellor	_____		

RENEWAL DUES:

_____	\$175	Full Member	(One Year)
_____	\$350	Full Member	(Two Year)
_____	\$175	Associate Member	(One Year)
_____	\$350	Associate Member	(Two Year)
_____	\$175	Affiliate Member	(One Year)
_____	\$350	Affiliate Member	(Two Year)
_____	\$50	Student Member	(One Year)
_____	\$100	Student Member	(Two Year)

(Please check www.hypnosis.bc.ca for description of Membership Types.)

Corrections and or Updates to be made to your website file: _____

Do you have or have you had any restrictions, reprimands, or ongoing disciplinary investigation being conducted by your regulatory body regarding your licensure of registration?

YES: _____ NO: _____

If "YES" please Explain: _____

I certify that the above information is complete and accurate and agree to abide by the Constitution of the Canadian Society of Clinical Hypnosis (B.C. Division).

DATE: _____ SIGNATURE: _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT: (604) 868-5910
www.hypnosis.bc.ca or email: admin@hypnosis.bc.ca

*****PLEASE RETURN AS SOON AS POSSIBLE*****