



NCSCH New Membership/Renewal Form

Directions:

- i. Please review the [ASCH Code of Conduct](#). Completion of this application includes your attestation that you agree to abide by this code.**
- ii. Print and complete the form below.**
- iii. Mail the form with your check for \$70 and a copy of your current license to:
Patti Lyerly, NCSCH Treasurer
314 Mocksville Ave, Salisbury, NC 28144.**

(If you are a student applicant, please enclose a letter from your graduate school attesting to your full-time status and make your check for \$35.)

Full Name Professional License Number:

Address 1:

Address 2:

City:

State:

Zip Code:

Email:

Website:

Main Phone:

ASCH Member? Yes No If yes, what year did you join?:

ASCH-Approved Consultant? Yes No

ASCH Certified? Yes No

Student? Yes No Requires letter from graduate school confirming full-time status.

List Your Services for the Public

Fill out this form to request your member listing profile at the North Carolina Society of Clinical Hypnosis.

Personal Information

First Name: *

Last Name: *

ASCH Member?: *

Yes

No

ASCH Certified?: *

Yes

No

ASCH-Approved consultant?: *

Yes

No

Practice Information

Business Address 1: *

Business Address 2:

City: *

State: *

Zip Code: *

Phone Number:
i.e 919-333-4444

Fax:
i.e. 919-222-3333

(if OK to be contacted by public that way) i.e. john@doetherapy.com

Website url:
i.e. <http://www.nchypnosis.org/>

Description of Practice: *
50 word maximum description of your practice.