

Australian Hypnotherapists' Association

*PROMOTING STANDARDS OF EXCELLENCE IN HYPNOTHERAPY ACROSS
AUSTRALIA AND NEW ZEALAND*

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STUDENT MEMBERSHIP RENEWAL NOTICE

2010

1) Your membership is now due. Payment within 30 days is requested. Please complete details of your current status and return this form with your membership fees to the State Treasurer

2) I have stopped studying and wish to upgrade to Associate/Clinical (Provisional) membership. Please forward me the appropriate forms []

4) I have stopped studying but wish to continue my membership as an Affiliate Member, my fee of \$40 is enclosed []

5) If you are NOT intending to renew your membership. Please state reason

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6) MY CURRENT HOME ADDRESS:

NAME:

HOME ADDRESS

..... POSTE CODE

PHONE (H) (W)

MOBILE

EMAIL:

WEBSITE

MAILING ADDRESS (If different to above)

..... POST CODE