

Organisational Membership Application (Non training)

Please give your details in **BLOCK CAPITALS**

Name of your Organisation: _____

Organisation Address: _____

Town: _____ County: _____

Postcode: _____ Telephone number (inc. Area code): _____

Email: _____

Website: http://_____

What type of organisation are you?

Voluntary Agency Commercial Organisation Charity

Contact Person:

Your Name: _____

Your Position: _____

Address: _____ Town: _____

County: _____ Postcode: _____

Telephone number (inc. Area code): _____ Mobile: _____

Email: _____

Evidence Checklist: Please submit the following with your application:

<input type="checkbox"/> A covering letter with your application telling us why your organisation wants to join the Society and what you hope to gain from organisational membership.
<input type="checkbox"/> Any advertising or promotional materials.

Has your organisation ever had its membership revoked, removed or declined by any other professional body?

Yes No

If you have answered yes to any of the above please send us full details along with your application

Declaration:

We certify the information listed on this application form (and any additional materials submitted) is, to the best of my knowledge, truthful.

Should our organisation be accepted as a member, we agree to abide by the constitution and rules of the National Hypnotherapy Society at the time in force, and accept that membership is at the sole discretion of the society.

Signed: _____

Dated: ____/____/____

Please send us your completed application form, bank standing order mandate and any additional materials to:

**The National Hypnotherapy Society
19 Grafton Road
Worthing
West Sussex
BN11 1QT**