

AHSM Membership Application Form

If you have not already done so, please [click here](#) to read AHSM Membership Information before completing this form.

Dear Membership Secretary

I wish to apply for membership of The Association of Hypnotherapy & Stress Management at the grade of Licentiate/Member/Fellow (delete as appropriate). I attach copies of my diplomas, certificates, insurance certificate and documentary evidence as appropriate to support my application.

Full Name (including title) :

Address :

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Postcode:

Telephone No : Email : Website :

CNHC No : (if applicable)

Membership of other relevant professional bodies (if applicable) :

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By signing this application I agree that I will abide by the obligations of AHSM membership as detailed in the AHSM Membership Information document which I have read and understood.

Signature : Date :

Please send this application form with supporting documentation attached by post or email to the AHSM Membership Secretary, details below.