



# Australian Hypnotherapists' Association

Founded 1949 ABN 20 004 388 872  
A Member Association of the Psychotherapy and Counselling Federation of Australia (PACFA)



1800 067 557 / [www.ahahypnotherapy.org.au](http://www.ahahypnotherapy.org.au)

## Application for Affiliate Membership

All information contained in this application will be treated in strict confidence and will not be divulged to any other person or organisation without the written consent of the applicant.

**\$40.00 or pro rata for Affiliate membership to year ending 31<sup>st</sup> of March.** Affiliate membership will allow you to attend AHA workshops at the reduced membership rate as well as receiving all AHA newsletters, journals and periodic information of interest.

Surname: \_\_\_\_\_ First name(s) \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile \_\_\_\_\_

Website: \_\_\_\_\_

Current occupational status:

\_\_\_\_\_  
\_\_\_\_\_

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Have you ever been convicted of, or are you currently wanted for a criminal offence?

Yes  No  If 'Yes' please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the information given by me on this form is correct and that I have not willingly suppressed any facts that may be detrimental to my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application form and all accompanying documentation **to be sent to your state membership secretary:**

Contact details of your state membership secretary can be found here:

[http://ahahypnotherapy.org.au/aha\\_members\\_area/](http://ahahypnotherapy.org.au/aha_members_area/)

**Office use only**

Chq no/Cash/Other: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Direct deposit:  Direct deposit details copied / emailed?

Receipt No: \_\_\_\_\_ Membership No: \_\_\_\_\_

## **AFFILIATE MEMBER**

The purpose of this membership category is to serve the interests of those who have an interest in Hypnotherapy but do not necessarily intend to practice as a hypnotherapist or those who are members of another Hypnotherapy Association

### **Criteria for Eligibility for “Affiliate Membership” –**

- The applicant supplies all the information that is required. Has completed the application for admission as an “Affiliate Member”
- Agrees that as an Affiliate member, whilst maintaining that status shall not hold out or represent or advertise to the public at large or in any way let it be known in order to practice hypnotherapy that they are a member in any status of the AHA whatsoever and/or that they are accredited by the AHA and/or are working under the auspices of the AHA
- The application is accompanied by a cheque payment of all the prescribed charges and fees as stated below

\$40 Annual (or pro-rata) Membership due on 1 April of every year