



Membership Application Form

Name:

Address:

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Post Code:

e-mail:

Telephone:

Web site address: www.

CHEC Qualification:



Please circle the sentence that applies to you below:

I am in practice and wish my details to be shown on the web site

I am not in practice and do not wish my details to be shown on the web site

I have read and agree to abide by the Code of Conduct and Ethics. I understand that if I am in practice (which means using hypnotherapy to treat another person) that I will take out Professional Indemnity Insurance*. I understand that I can only appear as a member on the web site if I am in practice.

Sign:

Date:

Please return the form with your remittance and a photocopy of your CHEC Certificate or Diploma to:

Stephen While
584 Adams Hill
Derby Road
NOTTINGHAM
NG7 2GZ

Telephone 0115 970 1233

Please make cheques payable to: **S. WHILE**

Fees

Current cost of membership Full Year: April 1st 2007 to 31st March 2008 £60

Part year reduced Fee: 1st September 2007 to 31st March 2008 £30

* Insurance can be arranged through Balens as a benefit of membership – please contact us for details.