

Application for Membership in the Chamber of Holistic Hypnotherapy

How to fill in the application:

1. Print the form and write your answers in the spaces provided.
2. Either scan the completed application form and copies of certificates/diplomas and email them to info@chamberofhypnotherapy.com

or mail them to:

Mgr. Andrea Bellayová
Jeruzalemská 18, 917 01 Trnava
Slovakia

Personal Data:

Title / Degree: _____

Full name: _____

Permanent address: _____

Correspondence address: _____

Tel. number: _____

Website address: _____

E-mail address: _____

Relevant education and qualifications:

Educational organization/ Institution	Qualification/ Name of educational program	Year	Attached document YES / NO
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Please attach a copy of the relevant certificates/diplomas to your application.

Existing membership in other professional organizations / associations:

Briefly describe your therapeutic practice, state what you consider to be the most important in your practice:

Membership Agreement

I, the undersigned _____, hereby apply for membership in the Chamber of Holistic Hypnotherapy. In case of my acceptance:

1. I agree to adhere to the Code of Ethics of the Chamber of Holistic Hypnotherapy and other regulations adopted by the Chamber for the duration of my membership.
2. I undertake to respect all laws in force at my place of activity.

I declare that the information provided in this form is true and accurate in every respect.

Full Name: _____

Signature: _____

Date: _____