

**REGISTRATION FORM**

MICHIGAN SOCIETY OF CLINICAL HYPNOSIS

APPLICATION FOR MEMBERSHIP

\_\_\_\_\_ Full Membership - \$65 (requires approved hypnosis training) \_\_\_\_\_ Student/Affiliate \$25

Full Name: \_\_\_\_\_

Degree: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone/Office\* \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \* \_\_\_\_\_

Email: \* \_\_\_\_\_

To which address would you like your mail sent to: \_\_\_\_\_ Office \_\_\_\_\_ Home

Birthplace/Date: \* \_\_\_\_\_ Date: \_\_\_\_\_

EDUCATION: Graduate/University - Degree & Date: \*

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

Undergraduate/University - Degree & Date: \*

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

Postgraduate/University - Degree & Date: \*

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

Major Field of Study: \*

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

Student: Location/Degree to be Earned/Expected Date of Completion: \*

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PROOF OF STUDENT ENROLLMENT MUST ACCOMPANY APPLICATION: \*

Practice Information:  Full Time  Part Time  Teaching  Resident/Intern

Research  Consultation  Other \_\_\_\_\_

Specialty Areas: \*

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Teaching: (Location) \*

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Professional Licenses / License #'s & State: \*

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Certifications/ Certificate #'s & State: \*

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PROFESSIONAL ORGANIZATIONS: (LIST MEMBERSHIPS): \*

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HYPNOSIS TRAINING:

Please list courses taken, places held, dates of training, names of faculty members, number of hours, etc. \*

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Please list use of and experience in hypnosis: \*

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Member of The American Society of Clinical Hypnosis: \*  Yes  No

If yes, please indicate date joined: \_\_\_\_\_

Membership Status: \*  Member  Associate Member  Student  Other \_\_\_\_\_

Specialty Board Certification: \_\_\_\_\_

The facts set forth in my application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rescinding membership.

\_\_\_\_\_ Date \_\_\_\_\_

Enclose copy of the following: Diploma, State License/Certification showing current date of expiration, Student enrollment, etc.

Print and mail application and check to:

MICHIGAN SOCIETY OF CLINICAL HYPNOSIS  
James Kohlenberg M.D.  
491 N. Williamsbury, Bloomfield Hills, Michigan 48301