



Hypnosis Education Association, Inc.

Application for Membership

Please PRINT exactly as you want your name to appear on your credentials

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number (where best to reach you) _____

Email: _____

Occupation/Profession: _____ Date of Birth: _____

Business Name: _____

Address: _____

Phone: _____

Education

High School Grad _____ College Grad _____ Degrees _____

Colleges attended: _____

Hypnosis Training, if any; not required (please include the name of the instructor and the date of training):

Personal experiences with Hypnosis: _____

Your thoughts about Hypnosis: _____

Other Hypnosis-related Memberships: _____

How did you hear about the Hypnosis Education Association? _____

I have read online (www.heahypnosis.com/mission-code-of-ethics/) and agree to the Mission, Aims and Purposes, and Code of Ethics of the Hypnosis Education Association.

Signed _____ Date: _____

Please mail or email your completed application to Hypnosis Education Association; we will be in touch.

Hypnosis Education Association, Treasurer, 6081 Maggie's Cir #106, Jacksonville, FL 32244
Email: heacontact101@gmail.com

Reviewed by: _____ Date: _____

Notes: _____