

# Official I.C.H.P. P.G.A. Membership Form

Please send to : I.C.H.P. - P.G.A. 9a Main Street, Ongar, Dublin 15 / Tel 01 9022248  
 or Scan and Email to : support@hypnotherapyassociation.ie\_  
 Apply / Pay online - Web : www.hypnotherapyassociation.ie/renewal



## Annual Fee

Full Membership - €200 / Associate Membership €100 / Student - €50  
 by Cheque / by Phone / by Card / by Paypal

Name	
Clinic Name (if applicable)	
Business Address	
Mailing Address (if different)	
Clinic Phone No.	
Personal Phone No.	
Email Address	
Website	
Training School	
Course Title	
Qualification	
Other Profession Relevant Qualifications	

Please indicate that you agree to the following	yes	no
I will register with a Supervisor on acceptance of my application		
I will fulfill my commitment to Supervision		
I will fulfill my commitment to CPD		
I hereby declare that all of the above is true and complete and i know of no reason, ethical, professional or otherwise why my ICHP PGA membership should not be renewed / completed. I agree to abide by the Code of Ethics, Practice and Standards, The Constitution and the Complaints and Disciplinary procedures of the ICHP PGA.		

Signature	
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Method of Payment : (please tick)      Cheque :      Card :      Online :

Credit / Debit Card No :      Expiry Date :      CCV No :