

MEMBERSHIP FORM



California Hypnosis
INSTITUTE

Personal Details

FULL NAME :

ADDRESS :

CITY :

STATE :

COUNTRY :

ZIP/PIN CODE :

CONTACT NO. :

EMAIL :

WEBSITE :

SOCIAL LINK(S) :

EDUCATION :

LANGUAGE(S) :

CHI LEVEL(S) COMPLETED :

PROFESSIONAL ASSOCIATIONS :

OTHER MODALITIES PRACTICE :

Experience Details

Are you a Hypnotherapist ? YES NO

IF YES,

- 1. Hypnotherapy School :
- 2. Date of Certification :
- 3. Areas of Practice :
- 4. Time for Practice : *per week*
- 5. Trainer's Name :
- 6. Membership Applied : PROFESSIONAL STUDENT ASSOCIATE

Please submit it on info@californiahypnosis.net and wait for approval from CHI Team