

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 [admin@californiahypnosis.net](mailto:admin@californiahypnosis.net) and wait for approval from CHI Team