



The International Association of Counselors and Therapists

RR #2 Box 2468 • Laceyville, PA 18623

Ph: (570) 869-1021 • Fx: (570) 869-1249

Url: www.iact.org • Email staff@iact.org

PLEASE CHECK ONE:

- Certified Hypnotist Certified Hypnotherapist (*available to practitioners with 140 hrs or more of training*)
 Professional Member _____ (*Please list area of education*)

(Application must include verification of educational training and photo ID at time of application. Please specify your choice of title according to your educational background and state requirements.) Please Note: International Mail add \$10/year.

- Associate Member (*An Associate Member does not qualify for malpractice insurance*)

\$75 - One-Year Membership. (\$85 International) You receive all of the benefits of **IACT** Membership, including membership ID card, a one-year subscription to *Unlimited Human!* magazine and *Connect*, (a monthly electronic newsletter), IACT Members online forum, the online Virtual Library, conference discounts, attractive membership certificate and more. You renew your membership by paying annual membership fees. Requires 15 CEU's to maintain certification annually.

I am also a member of: _____ **IMDHA** International Medical and Dental Hypnotherapy Association (*check where applicable*)

Membership Application Form

International Association of Counselors and Therapists

RR #2 Box 2468, Laceyville, PA 18623

Ph: (570) 869-1021 or FAX (570) 869-1249

We are a membership organization that is dedicated to providing excellent educational opportunities for health minded individuals who are interested in complementary healthcare. To access the 'members only' area of our web site you must establish an account by providing us with a username and password below.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Email: _____

Username: _____ Password: _____

(*Username and password must include at least 6 characters each. Write down your codes! They are encrypted for security and NOT retrievable*)

Cash: _____ Check #: _____

Credit Card Number: _____ Exp: _____ CVV# _____

(*We accept Visa, MasterCard, Disc, Amex*)

Signature: _____ Date: _____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted, IACT may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. I hereby release and agree to hold harmless from liability the International Association of Counselors and Therapists Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information