



THE INTERNATIONAL ASSOCIATION OF COUNSELORS AND THERAPISTS

8852 SR 3001 • Laceyville, PA 18623
Ph: 570.869.1021 • Fax: 570.869.1249
Url: www.iact.org • Email staff@iact.org

PLEASE CHECK ONE:

- Certified Hypnotist
- Certified Hypnotherapist (*Available to practitioners who meet the current training requirements*)
- Professional Member _____ (*List area of education*)
- Associate Member (*Associate Member does not qualify for malpractice insurance*)

APPLICATION MUST INCLUDE VERIFICATION OF EDUCATIONAL TRAINING AND VALID PHOTO ID

\$105 – Initial One-Year Membership. Receive all of the benefits of IACT Membership, including practitioner listing, membership ID card, a one-year subscription to *Unlimited Human!* magazine and *Ask the Professional*, (monthly E-newsletter), IACT Members online forum, the online Virtual Library, conference discounts, attractive membership certificate and more. Annual [\$95] membership renewal. • Requires 15 CEU's to maintain certification.

MEMBERSHIP APPLICATION FORM

International Association of Counselors and Therapists
8852 SR 3001, 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 adjunct mind/body modalities.

NOTE: WE ARE NOT RESPONSIBLE FOR MISSPELLING ON CERTIFICATES IF NOT LEGIBLE

Name as it is to appear on certificate: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email: _____ I am also a member of _____ IMDHA (*check when appropriate*)

Username: _____ Password: _____

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

Initial Membership **\$105** Featured Listing Upgrade! *only \$25* Total Amt Received _____ (*US Funds on US Bank*)

Check /MO #: _____ Credit Card Number: _____ Exp: _____ CVV# _____

(We accept Visa, MasterCard, Disc, Amex)

Signature _____ Today's 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.