

The New York Society of Clinical Hypnosis, Inc.

Founded 1974 ☉ A Component Section of the American Society of Clinical Hypnosis, Inc.

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RE: ANNUAL NYSCH MEMBERSHIP

Dear Colleague,

It's that time again, to renew your NYSCH (The New York Society of Clinical Hypnosis) membership . Our membership organization is committed to advancing knowledge and training in the Art and Science of Clinical Hypnosis. Membership is open to all LICENSED HEALTH CARE PROFESSIONALS holding a master's degree and/or above; student memberships are offered for those enrolled in full-time Master's Level or above degree programs.

Our meetings historically have been held in Queens or Long Island, in order to be more available to all practitioners in the five boroughs, Long Island, Westchester, New Jersey, and Connecticut.

BENEFITS OF MEMBERSHIP:

- Free admission to our [4] yearly training courses
- 8 credits toward your ASCH certification*
- Networking
- Referrals
- Collegial atmosphere

➤ **All training courses and workshops are taught by a member of the Board of Directors (all of whom are licensed ASCH Consultants) and/or other skilled, licensed clinicians, and will have received approval for ASCH credit.**

➤ **Spring BASIC and Fall INTERMEDIATE Workshops provide 40 credits [20 credits each workshop] toward your ASCH certification.**

NY Society of Clinical Hypnosis - Annual Membership Form

1. Full Name: _____
Last First Middle

Address: _____

City, State/Province: _____ Country: _____ ZIP: _____

Email address: _____

Telephone

Home/Office: _____ Fax: _____ Cell: _____

2. Which membership category are you applying for? Full Student

3. Education
Institution: _____ Degree: _____ Date: _____

Institution: _____ Degree: _____ Date: _____

Institution: _____ Degree: _____ Date: _____

Institution: _____ Degree: _____ Date: _____

If applying for Student membership, a letter from your advisor/department head/registrar certifying your current level of education must accompany your completed application.

4. Licensed to Practice as:

- Physician Psychologist Mental Health Counselor Social Worker
 Nurse Dentist Speech-Language Pathologist Marriage/Family Therapist
 Chiropractor Other: _____

If other, please explain: _____

State/Province in which licensed: _____ License #: _____

A copy of your current license to practice, with expiration date, must accompany your completed application.

Attach check for annual dues which are as follows: **Full Member: \$100** _____ **Student Member: \$55** _____

Send check, money order, or use ZELLE to pay your dues, and send your completed application to our Treasurer at the address below:

NYSCH
c/o Victor Kiarsis, LMSW, MBA
14 Elm Street, Suite 204
Rye, NY 10580

The facts set forth in my application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rescinding membership. **YOU MUST SIGN YOUR APPLICATION:**

Signature: _____ Date: _____