



National Guild of Hypnotists

South Sound Washington Chapter

Membership Application

Note: Membership in NGH is required (<https://ngh.net/Forms/MembershipApp.aspx>)

DATE:

NAME:

BUSINESS ADDRESS:

CITY/STATE/ZIP:

BUSINESS PHONE:

ALTERNATE PHONE

EMAIL:

WEBSITE:

I certify that I am a member of the National Guild of Hypnotists.

Signature _____

Mail completed application and copy of your NGH membership card or certificate to

Treasurer: Pat Sonnenstuhl

2510 Walnut Rd NW

Olympia, WA, 98502-4110

360-943-8933/cnmpat@comcast.net

For Office Use Only

Proof of NGH Membership

ID Card # _____

Copy of Certificate _____

Membership Fee _____ Paid on _____

Cash/Check _____

Expiration: _____

Officer's Name: _____

\$60/year (\$50 before March 1)

OR \$10 per meeting

Check made out to: NGH-SSWA