Canadian Society of Clinical Hypnosis – Membership Renewal 2025

If you have been a member of CSCH-OD in the last several years, renewal is easy, follow the instructions below. If it's been longer than that, we will need a full application, which you can find at: www.csch-od.ca, however, we may still have copies of your documents on file.

All current members, and those who were members in the two years before, are sent a copy of their current information by email at the beginning of renewal season.

The 2025 CSCH-OD fees are as follows:

Full member	\$160
Full member renewing before or on Dec. 31 2024	\$135
Associate	\$130
Retired	\$90
Intern and Resident	\$30
Optional: SCEH journal, add:	\$65

To renew your membership, we need to verify the information we have on file about you, then you renew your declaration, and pay the annual fee.

Online Form and Payment

You can do all of this through our website, at www.csch-od.ca.

Fill in any address changes, the required data (Name, license/registration number) and check the box following the declaration, then click OK.

This leads to the payment page; select your membership level (or full plus Journal if you want the SCEH Journal) and follow the PayPal instructions.

Remember you don't need to be a PayPal member to pay this way – you can use your credit card inside the PayPal site.

Paper and Post

If the above is not an option for some reason, we have the paper route. Print the following form, fill it in and mail it to:

CSCH-OD Membership Renewal-705-20 Aurora Crt, Scarborough, ON, M1W 2M2

You can pay by cheque, payable to "Canadian Society of Clinical Hypnosis- Ontario Division", and send it with the form, or we accept VISA and MasterCard (details on the form).

Be sure to sign the declaration and mail it with your payment to the address above. We need to receive your *payment and declaration* by Dec. 31st to qualify for the early bird incentive.

Members may choose to be part of the **CSCH-OD Members Directory**, which is available in the Member Area of the website. This area is available to members only.

Questions

Contact Nikita Patel at the admin@csch-od.ca

Membership Information Update for 2025

Name (please fill this in in all cases):

We sent you an e-mail with your specific details. Corrections ONLY please, inside the blue box. Sign it and return it by mail with your payment. You could also scan the signed copy and email it if you have that capability.

Professional College affiliation: Your degrees: Your profession/specialty etc.	Corrections Only	
E 1 - 11		
Home Address: Phone, Fax:		
E-mail address:	Membership renewal: \$	
Are you currently a member of ASCH? (ASCH – American Society - not CSCH)	SCEH journal (\$65): \$ Total Amount authorised: \$	
□ yes □ no	\square Cheque Enclosed \square Already paid online	
☐ Yes, I want the SCEH Journal, I authorise CSCH-OD to provide my address to SCEH.	☐ Visa ☐ MasterCard ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
I wish to renew my membership in CSCH-OD for 2025 and hereby state that the information CSCH-OD has sent me by e-mail or as corrected above is accurate.		
☐ I declare that I am a member in good standing w Ontario License Number:	vith my regulatory college.	
□ No, I do not wish to be listed on the CSCH-OD M	Member Directory.	
\square Yes, I wish to be listed on the CSCH-OD Member following information: (email, phone, address: kind		
Signed:	Date:	

Please return this signed page to: CSCH-OD Membership, 705-20 Aurora Crt, Scarborough, ON, M1W 2M2 or scan it and send it electronically to $\underline{admin@csch-od.ca}$. Fax is not an available option.