



# The Society of Ortho-Bionomy<sup>®</sup> Australia

ABN: 59 385 155 808

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www.ortho-bionomy.org.au

## New Member Enrolment Form

Title: \_\_\_\_\_ (Mr/Mrs/Ms) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Membership Category:  Affiliate  Practitioner in Training

- Yes, I wish to be included in this year's Membership Directory.
- No, I do not wish to be included in this year's Membership Directory.
- Yes, included is my PIT Membership form.

*The SOBA Membership Newsletter will be sent via email, unless no email address is available or you inform us that you prefer to receive the newsletter via post.*

Membership Category	AUD Fee Amount	Transfer as Applicable	Amount Due
<b>New Member Fee</b> (One off fee on Joining)	<b>\$30.00</b>	<b>→</b>	<b>\$</b>
<b>Affiliate Member</b>	<b>\$25.00</b>	<b>→</b>	<b>\$</b>
<b>Practitioner In Training (PIT)</b> <small>(PIT must have completed SOBA PIT membership form on file)</small>	<b>\$45.00</b>	<b>→</b>	<b>\$</b>
	<b>TOTAL</b>		<b>\$</b>

Please NOTE:- For PIT members the SOBA PIT Membership Form must also be submitted showing completion of 112 hrs class training and an evaluation session with an instructor.

I enclose  Cheque *or*  Postal Order *or*  debit my credit card.  
 Visa  Mastercard

Cardholder's Name: (please print) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card No:

For office use only:  
Date Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date Database Notified: \_\_\_\_\_  
Cheque/Money Order/Cash/Credit Card: \_\_\_\_\_ Date Letter Sent: \_\_\_\_\_