



The Society of Ortho-Bionomy® Australia

ABN: 59 385 155 808

PO Box 95
Darlinghurst NSW 1300
02 9475 0607
www.ortho-bionomy.org.au

Practitioner in Training (PIT) Membership Form

Title: _____ (Mr/Mrs/Ms) Name: _____
Home Address: _____
Suburb: _____ State: _____ Postcode: _____
Postal Address: _____
Home Phone: (____) _____ Mobile: _____
Fax: (____) _____ Email: _____
Membership Category: _____

I am a current affiliate member of SOBA Yes/No (circle one)

Please register me as a Practitioner in Training (PIT) I have completed 112 hours of class training, comprising two Phase 4 (32 hours), one Phase 5 (16 hours), one Phase 6 (16 hours), Ethics and Emotions (16 hours), other classes from the curriculum (32 hours) a received session from and a satisfactory session given to a qualified Instructor.

Class	Location	Date	Hours	Instructor's Signature
Phase IV	_____	_____	_____	_____
Phase IV	_____	_____	_____	_____
Phase V	_____	_____	_____	_____
Phase VI	_____	_____	_____	_____
Ethics and Emotions	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Session Received -----

I _____ (Registered Instructor) have received a satisfactory session from _____ and find that s/he has a competent understanding of Ortho-Bionomy®.

Signed _____ Date _____