



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: _____

Yes, I am a current member of SOBA

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), the balance of 48 hours from other classes in the Practitioner Training Program including Ethics and Emotions and a satisfactory evaluation session with an instructor.

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

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

Signed _____ Date _____