



The Society of Ortho-Bionomy[®] Australia

ABN: 59 385 155 808

Address: SOBA, P.O.Box 95, Darlinghurst, NSW, 1300

Phone Number: 02 9475 0607

Membership Renewal Form

Title: _____ (Mr/Mrs/Ms) Name: _____

Home Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Home Phone: (____) _____ Mobile: _____

Fax: (____) _____ Email: _____

Membership Status: _____ Membership No: _____

- 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 CE document (see NOTE below).

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
Affiliate Member	\$25.00	➔	\$
Practitioner In Training (PIT) <small>(PIT must have completed SOBA PIT membership form on file)</small>	\$45.00	➔	\$
Practitioner and Advanced Practitioner	\$70.00	➔	\$
Instructor	\$100.00	➔	\$
	TOTAL		\$

Please NOTE:- It is a requirement for PIT, Practitioner & Advanced Practitioner members to submit with this renewal, proof of Continuing Education (CE) every two calendar years (i.e. copy of 16 hour class certificate).

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: _____