



Society of Ortho-Bionomy International®

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Int'l Membership Renewal Form RENEWAL IS DUE BY _____

Name _____ Date _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

E-mail _____ Website _____

Phone (Home) _____ Phone (Work) _____

____ Check if new address information

____ **Member number in affiliated International Society (ie SOBA, OBAC, DGOB, etc.)**

IMPORTANT: Please check one of the options below. If left blank, it will default to electronic newsletters
I prefer to receive correspondence and newsletters **via email electronically** **in the mail**
Due to increase in postage costs, there will be an additional cost of \$25 for receiving newsletters in the mail beginning in 2009.

Please list any changes you would like to make to your listing in our Membership and Skills Directory (25 word maximum please!):

Membership Level (Amount below has already been discounted for international members)

- ___ Student Member: \$36
- ___ Associate Member: \$75
- ___ Associate in Practitioner Training \$65
- ___ Practitioner: \$75
- ___ Advanced Practitioner: \$98
- ___ Associate Instructor: \$98
- ___ Instructor: \$153
- ___ Associate Intermediate Instructor: \$153
- ___ Intermediate Instructor: \$163
- ___ Associate Advanced Instructor: \$163
- ___ Advanced Instructor: \$179

This amount must be paid in US dollars on credit card, by money order, or by check drawn on a US bank.

****Associate and Professional Members** must email, mail or fax 16 hours of Continuing Education in Ortho-Bionomy every two years.

Make your US Bank check or money order payable to SOBI (U.S. Dollars). You may also pay by Visa, MasterCard, Discover or American Express. Your membership card will be sent in 6-8 weeks.

Card Number _____ Expiration Date _____

Three digit verification code (in block on back of credit card) _____ Zip code of billing address _____

Signature: _____

Note: If paying by Credit Card - Please give us the exact spelling of your name as it is on your credit card, and provide us with the billing address for your credit card if different than your home address on the first page

Office Use Only: Member # _____ ACT! _____ Check Date _____ Check Amt _____ Check # _____ Renewal Date _____