



Society of Ortho-Bionomy International®

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www.ortho-bionomy.org

Local and International: 317-536-0064
Fax: 317-536-0065

Membership Renewal Form

YOUR RENEWAL IS DUE BY _____ Check if new contact information _____

Name _____ Date _____

Address _____

City _____ State _____

Zip/Postal Code _____

E-mail _____ Website _____

Phone (Work) _____ Phone (Home) _____

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**

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

Membership Level & Dues

- Student Member: \$55
- Associate Member in Practitioner Training \$100
- Associate Member: \$115
- Practitioner: \$150
- Advanced Practitioner: \$150
- Associate Basic Instructor: \$150
- Instructor: \$235
- Associate Intermediate Instructor: \$235
- Intermediate Instructor: \$250
- Associate Advanced Instructor: \$250
- Advanced Instructor: \$275

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

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. You will receive your membership card 3-6 weeks after your renewal is received.

Visa/Master Card Number _____ Expiration Date _____

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

Signature _____

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