



Society of Ortho-Bionomy International®

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Application to Advanced Practitioner Training Program

Name _____ Date _____

Home Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____ Phone (Home) _____

Business Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____ Phone (Work) _____

E-mail _____ Website _____

____ Check if new address information

Enrollment Fee: \$100.00

Make your check or money order payable to The Society of Ortho-Bionomy International (U.S. Dollars). Please do not send cash. You may also pay by Visa or MasterCard.

Visa/Master Card Number _____ Expiration Date _____

Signature _____

Program Advisor _____ Signature _____

DOCUMENTATION OF ENTRANCE REQUIREMENTS

- 1. Completion of Practitioner Program

Date _____ Certificate Number _____

- 2. You must be a current Practitioner Member of the Society

Membership Number _____