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Society of Ortho-Bionomy International®

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International New Student Membership Form

Student Membership in the Society of Ortho-Bionomy International includes the following benefits:

- One year subscription to “Ortho-Bionomy News” the Society’s quarterly newsletter.
- The “Membership and Skills Directory” published yearly.
- Student Membership card which guarantees discounts on classes that you repeat (when available), discounts on services offered in the Membership and Skills Directory, and discounts on our Annual Conference registration fees.
- Discount of \$50.00 on membership (which includes insurance coverage) in the Associated Bodywork & Massage Professionals (ABMP) if you qualify.
- Membership information including: articles, descriptions of courses and training programs, and other information helpful to your continued study and practice of Ortho-Bionomy.

Name _____ Date _____

Home Address _____

City _____ State/Province _____

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

E-mail _____ Website _____

The following information will be published in the directory, along with your email and website information.

Business Address _____

City _____ State/Province _____

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

As a member, at any level, you may participate in our skills network which is included in our Membership and Skills Directory. If you would like to participate, please list any service (OTHER THAN ORTHO-BIONOMY) you would like to offer, including your regular fee and/or discounts you would like to offer to other Society members below (25 word maximum please!):

Student Membership Fee: \$29.00 USD (International rate)

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. Your membership card and membership packet will be sent in the mail. Please allow for 6-8 weeks delivery.

Visa/Master Card Number _____ Expiration Date _____

Signature _____

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