



Ortho-Bionomy® Australia Ltd

ACN 152 298 005

OBA Memberships

Ortho-Bionomy Australia Ltd
 Suite 313, 585 Little Collins St
 Melbourne, Vic. 3000. Phone: (03)86793355
oba@ortho-bionomy.org.au

New Member Application Form

Title	Given Name	Family Name
Postal Address		Year of Birth
Suburb/Town	State	Postcode
Preferred Address (for listing on website and directory)		
Suburb/Town	State	Postcode
Phone	Mobile	
e-mail	Social network address for website	

All members are listed in the directory unless you indicate here

All PIT, Practitioner and Instructor members are listed on the website unless you indicate here

Your quarterly OBA Ltd Newsletter will be emailed unless you do not have an email address or request a hard copy. In this case an extra charge of \$25 per annum will be required for postage. Please complete that section below when completing your membership fee.

Membership Category	Fee	Amount Due
Affiliate Member	\$45	
**Practitioner In Training (PIT)	\$65	
**Practitioner	\$90	
**Advanced Practitioner	\$90	
Associate Instructor	\$100	
Instructor (indicate level)	\$130	
Retired Member	\$35	
Request for newsletters to be posted to you	\$25	
OBA Brochures \$30 per 100 + \$15 p&p (up to 300)	No:	
TOTAL		

****New PIT Members must additionally submit a copy of a PIT Membership Form showing completion of 112 hours class training, a session received by a practitioner or an instructor and an evaluation session with an instructor.**

**** New Practitioner and Instructor members must provide proof of qualification granted by an International Ortho-Bionomy Association for the Board's consideration.**

Payment method:	Cheque/Money Order <input type="checkbox"/> (enclosed)	Credit Card <input type="checkbox"/> (complete below)	Direct Deposit <input type="checkbox"/> (see details below)
Credit Card Details		Direct Deposit Details	
Type of Card:	Visa MasterCard	Account name: Ortho-Bionomy Australia Ltd BSB: 064-124 Account Number: 10374292 Your Reference: Name and OBA member no. (if known)	
Name on Card:			
Card Number:			
Expiry Date:			
Signature:			
OFFICE USE ONLY	Date received	Date entered	Receipt No

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