
Society of Ortho-Bionomy International®

5335 N. Tacoma Avenue Suite #21G, Indianapolis, Indiana 46220

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Associate Membership Benefits and Requirements

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

- Limited Trademark Privileges: Associate Members may use the term “Ortho-Bionomy®” in their promotional literature by listing Ortho-Bionomy among the bodywork modalities they practice (However this cannot give the impression, directly or indirectly, that the user is a Practitioner or Instructor of Ortho-Bionomy).
- Voting Privileges: Associate Members are entitled to vote on general matters pertaining to the Society of Ortho-Bionomy International such as electing the Board of Directors.
- One year subscription to “Ortho-Bionomy News” the Society’s quarterly print & electronic newsletter.
- The “Membership and Skills Directory” published yearly.
- Associate 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.
- Professionally staffed telephone referral service for people looking for people seeking Ortho-Bionomy services.
- Membership information including: access to Members only section of SOBI website, articles, descriptions of courses and training programs, and other information helpful to your continued study and practice of Ortho-Bionomy.
- Find a Member listing on the Ortho-Bionomy website is available if an Associate enrolled in the Practitioner Training Program

Associate Membership Requirements:

- Complete 112 units of Ortho-Bionomy instruction consisting of a minimum of 32 units of Basics/Phase Four, 16 units of Phase Five, and 16 units of Phase Six. The balance of units should be from the required classes in the Registered Practitioner Training Program.
- Ethics requirement. There are three options to meet the Ethics requirement, which are listed on page two of this form.
- Receive a session from a registered practitioner or instructor.
- Give a satisfactory session for feedback with a Registered Instructor of Ortho-Bionomy.

Continuing Education Requirement:

- Associate Members must complete 16 units of continuing education in Ortho-Bionomy every two years. A copy of the certificate of attendance or other documentation must be included with payment of dues.

Options To Meet the Ethics Class Requirement for Associate Level Membership

There are three options to meet the Ethics requirement. Note that option one listed below also fulfills the Practitioner Training Program requirement. The other two options only cover the requirements for Associate membership, so an Ortho-Bionomy Ethics class would be necessary if the applicant wanted to become a Practitioner.

1. Ortho-Bionomy Ethics and Emotions 16 hour course

If this option is chosen, this class will also fulfill the Ethics class requirement in the Practitioner Training Program.

2. Professional Ethics Course outside of Ortho-Bionomy, has been completed

If a professional Ethics course has already been completed, then a one-hour tutorial with a Registered Ortho-Bionomy® Instructor to review, discuss and sign the SOBI Code of Ethics and Trademark Agreement forms. The code of ethics form, trademark form, a transcript from an accredited school showing an equivalent class, and a letter or certificate of completion of the tutorial must be included with the Associate membership application in order to fulfill the Ethics requirement.

3. No Professional Course has been completed.

If no previous professional ethics course, an Ethics-focused 2-3 hour individual or group tutorial with a Registered Ortho-Bionomy® Instructor to include relevant information and interaction, addressing and signing the SOBI Code of Ethics and Trademark Agreement forms. The code of ethics form, trademark form, and a letter or certificate of completion of the tutorial must be included with the Associate membership application in order to fulfill the Ethics requirement.

The full 16-hour Ethics & Emotions class for the Practitioner Training Program is still required for Practitioner Training. The Associate member Ethics Options 2 & 3 listed above fulfill 1-3 tutorial credits in the Practitioner Training Program, but not count toward the 16 hour Ortho-Bionomy Ethics & Emotions course.



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Associate Membership Form

Name _____ Date _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

E-mail _____ Website _____

Phone (Home) _____ Phone (Work) _____

____ Check if new address information

Associate Membership Fee: \$115.00, \$100 if enrolled in the Practitioner Training Program

Please check here if you are a New Member of the Society

International members please check with office for rates. 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 in 4-6 weeks.

Visa/Master Card Number _____ Expiration Date _____

Three digit verification code (in signature block on back of credit card) _____ Zip if different than above _____

Signature _____

Documentation of Associate Membership Entrance Requirements: (112 Units)

Class	Location	Date	Units	Instructor's Signature
Phase Four (16):	_____	_____	_____	_____
Phase Four (16):	_____	_____	_____	_____
Phase Five (16):	_____	_____	_____	_____
Phase Six (16):	_____	_____	_____	_____
Ethics & Emotional Issues (16)	_____	_____	_____	_____

Continued on back

Documentation of Associate Membership Entrance Requirements - Continued: (32 Units)

Class	Location	Date	Units	Instructor's Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Session Received:

I (*Registered Practitioner or Instructor*) _____ have given
 _____ an Ortho-Bionomy session.

Instructor/Practitioner Signature: _____

Date: _____

Feedback Session (for Associate level):

I (*Registered Instructor*) _____ have received a satisfactory session from
 _____ and find that s/he has a competent
 understanding of Ortho-Bionomy.

Instructor Signature: _____

Date: _____

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