

**Society of Ortho-Bionomy International®**

5335 N. Tacoma Avenue Suite #21G

Indianapolis, Indiana 46220

Local and International: 317-536-0064

U.S. and Canada Toll Free: 800-809-3747

Fax: 317-536-0065

E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org)

[www.ortho-bionomy.org](http://www.ortho-bionomy.org)

## **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 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 packet with articles, descriptions of courses and training programs, and other information helpful to your continued study and practice of Ortho-Bionomy.

### **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 and Emotional Issues is a requirement for Associate Membership. This class can be taken from an Ortho-Bionomy instructor as one of the electives in the 112 units. An Ortho-Bionomy class for Ethics and Emotional Issues may be waived for Associate Membership if a transcript from an accredited school is provided showing an equivalent class. Please note that Ethics and Emotional Issues cannot be waived at the Practitioner Level and that anyone who chooses other classes for the electives to complete the 112 units and waives this class for your Associate Membership will still need to complete 16 units of Ethics and Emotional Issues with an Ortho-Bionomy Instructor in order to become a Practitioner.
- Receive a session from a registered practitioner or instructor.
- Complete a satisfactory evaluation session with a Registered Instructor of Ortho-Bionomy.

### **Continuing Education Requirement:**

- Associate Members must complete 16 units of continuing education in Ortho-Bionomy on an annual basis. A copy of the certificate of attendance or other documentation must be included with payment of annual dues.



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## Associate Membership Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone (Home) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone (Work) \_\_\_\_\_

\_\_\_\_ Check if new address information

**Associate Membership Fee: \$85.00**     **Please check here if you are a New Member of the Society**  
 International members please check with office for rates.

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 \_\_\_\_\_ [ ] Do not place me on the telephone referral list.

### 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: \_\_\_\_\_

**Evaluation Session:**

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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