

Please verify your membership contact details

Member Name _____

Personal contact number : _____

Personal Email : _____

Practice Details 1 Clinic Name: _____

Address: _____ Post Code: _____

Ph: _____ Email: _____

WEBSITE: www. _____

Practice Details 2 Clinic Name: _____

Address: _____ Post Code: _____

Ph: _____ Email: _____

WEBSITE: www. _____

**For additional practice details please complete over*

| Please Tick | Membership Options | 12 Months |
|-------------|--|---------------|
| | Full Membership —Australian & New Zealand registered practicing chiropractors | 230.00 |
| | Academic Membership Applies to retired and non-practicing chiropractors | 115.00 |
| | 1st Year Grad Membership Applies 1st year after sitting final exam | 150.00 |
| | Overseas Membership - Applies to chiropractors practicing outside of AU and NZ. | 75.00 |

Amount Payable - \$ _____

Please tick if you would like a Membership Certificate sent out.

Payment Details

| | |
|--|---|
| | Cheque (Payable to SOTO Australasia) |
| | Direct Debit - BSB - 064 424 A/C 1051 1477 (Full name reference) |
| | Credit Card <input style="width: 100px; height: 25px;" type="text"/> <input style="width: 100px; height: 25px;" type="text"/> <input style="width: 100px; height: 25px;" type="text"/> <input style="width: 100px; height: 25px;" type="text"/> |

Mastercard or Visa only

Exp ____/____/____

Card holder Name _____

I, hereby apply for SOTOA Membership Renewal

Signature

Date