

NEW MEMBERSHIP APPLICATION

Member Contact Details

Full Name: _____

Postal Address: _____

City/State/Postcode: _____

Personal Phone: _____ Mobile _____ Other _____

Personal Email: please print _____

Place of Birth _____

Nationality _____

Where are you registered to Practice?

State/s _____ Reg'n No. _____

Other Country _____ Reg'n No. _____

Chiropractic & Other Educational Background

List your Academic Qualifications

Name of College or Institution	City, State & Country of Institution	Admission Date	Graduation Date	Degree or Diploma Awarded

For ALL New Applicants Before your application for membership can be approved by the Board of Directors, you need to have a current financial member of SOTO Australasia sponsor your application please visit <http://www.soto.net.au/Find-a-Practitioner> or call SOTO Office (07) 55 762 132) for further information required.

Name & Address of a current SOTO Australasia member who will sponsor your application.

Full Name: _____

Postal Address: _____

City/State/Postcode: _____

Do you wish to be included on the SOTO Australasia website practitioner listing?

Yes Please ensure you complete **Your Practice Details** page 2

No

Your SOT History

Seminar	No of Attendances	Year of Most Recent Attendance	Country of Attendance
Introduction & Categories (I, II, III)			
C.M.R.T.			
Cranial			
Advanced Modules (<i>name module</i>)			

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Your Practice Details

Practice 1 or Locum

Address _____

Suburb _____ Code _____

Clinic Phone _____

Clinic Email (please print) _____
@ _____

Practice 2

Address _____

Suburb _____ Code _____

Clinic Phone _____

Clinic Email (please print) _____
@ _____

How often do you use SOT?

Categories (I, II, III)	<i>Regularly</i>	<i>Sometimes</i>	<i>Rarely</i>
C.M.R.T.	<i>Regularly</i>	<i>Sometimes</i>	<i>Rarely</i>
Cranial	<i>Regularly</i>	<i>Sometimes</i>	<i>Rarely</i>

Do you have SOT Certification? Yes/No *Basic* *Advanced* *SOT Certified Craniopath*
If 'Yes' please tick what level?

Do you have Diplomate Status? Yes/No

How many years have you been using SOT? _____ Years

Subscription

Membership Options

	12 Months	-	Your Payment
Full Membership <i>(Applies to Australian & New Zealand registered practicing chiropractors)</i>	230	-	
Associate Membership <i>(Applies to other non-chiropractic professionals working in conjunction with SOT practitioners)</i>	115	-	
Academic Membership <i>(Applies to chiropractic students, retired and non-practicing chiropractors)</i>	115	-	
Grad Membership <i>(Applies to 1st year Graduates)</i>	150	-	
Overseas Membership <i>(Applies to chiropractors practicing overseas)</i>	75	-	

Payment Details Applications processed on receipt of payment.

<i>Credit Card</i>	<input type="checkbox"/>	Cardholder Name	Expiry date	
		Card Number		
<i>Bank Transfer</i>	<input type="checkbox"/>	Deposit to BSB 064 424 Account Number 1051 1477 – Ref: your 'LAST NAME Membership'		
<i>Cheque</i>	<input type="checkbox"/>	Cheques payable to 'SOTO Australasia'		

I hereby apply for Membership as indicated above

Signature _____ *Application Date* _____