

S.O.T Student Membership Application

Student Name:	Today's Date:
Address:	Suburb:
State:	Post Code:
Mobile #:	D.O.B -
Email (non uni):	

Higher Education Details

Degree / Course Name:	
University:	City / State:
Admission Year:	Graduating Year:
Degree / Course Name:	
University:	City / State:
Admission Year:	Graduating Year:
Degree / Course Name:	
University:	City / State:
Admission Year:	Graduating Year:

Have you attended an S.O.T Seminar Series before? Yes No What Year/s? ____

SOT Student Member benefits.

- SOT student workshop nights
- Mentoring with SOT Full members
- Direction and advise on transitioning into practice.
- Discounted prices for SOT Supplies
- Discounted fees for all SOTO Seminars
- E-newsletter
- Affiliation with SOT International organisations