

SOTO A Membership Renewal Form

Member Name: _____ Mobile#: _____

Personal Email : _____

Practice Details

SOT Certified: Yes / No Certification Level: _____

Clinic Name:	Clinic Name:
Address:	Address
State: Post code:	State: Post code:
Ph:	Ph:
Email:	Email:
Website:	Website:

- For additional clinics please advise.

Postal Address; _____

Tick	Membership Options – per calendar year (January – December)	
	Full - Australian & New Zealand registered practicing chiropractors.	230.00
	2020 Full Member COVID Hardship	-80.00
	Academic - Applies to retired, non-practicing chiropractors or practice hours under 10 hours a week.	115.00
	Associate - Applies to non-practicing chiropractic professionals working in conjunction with a SOT chiropractor.	115.00
	1st Year Grad – Applies in 1st year of registering as a chiropractor.	150.00
	Overseas - Applies to chiropractors practicing outside of AU.	75.00
	Please tick if you would like a membership certificate sent out	Amount Payable - \$

Credit Card (Mastercard/ Visa only)

Card # Expiry

Cardholder name - _____

Bank Transfer

Please forward renewal form, and invoice with bank details will be forwarded for payment

I, hereby apply for SOTO A Membership Renewal. Sign/Initial: _____ Date: _____

☐ Phone: (07) 55 762 132 ☐ Email: hello@soto.org.au ☐ www.soto.org.au

S.O.T An Integral Part of EVERY Chiropractic Practice!