

Fax this form to: 831-476-1873
OR Mail To: GCSS
900 17th Avenue
Santa Cruz, CA 95062



Current Location: (Your Directory and Website listings will be published *exactly* as shown below. Please review your information carefully and make any changes)

Name, Title: _____
Practice or Clinic Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Web Site: _____
Local Landmark/ Or Major City: _____
Years in Practice: _____

Add Another Office Location:
For only \$50 you can add another location address in the GCSS Membership Directory and on www.gonstead.com.

Name, Title: _____
Practice or Clinic Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Web Site: _____
Local Landmark/ Or Major City: _____
Years in Practice: _____

Annual Membership Fee:

- 3+ years experience \$150
- *Additional Locations \$ 50 (each)
- 2nd year of practice \$ 75
- 1st year of practice \$ 50
- Retired \$ 50
- Lay \$ 50
- Student(annually) \$ 15

Your Membership Status:

- Fellow
- Diplomate
- General Member

- Send me information on how to become a GCSS Diplomate

This is a:

- Membership Renewal
- New Membership

I am available to:

- Mentor Students
- Help teach workshops

Choose your Directory Format:

(Choose One)

- Traditional Binder Style
- PDF on CD-ROM
- Website Download (PDF)
- Send nothing-I'll use the web

www.gonstead.com

Tell us a little about your practice . . .

Do you practice the Gonstead System exclusively? Yes No

Do you use Gonstead equipment? Yes No

Do you use instrumentation? Yes No

What instrument do you use? _____

Do you use modalities?

Describe: _____

To the best of your recollection:

When did you last attend a Gonstead Seminar, Inc., GMI, or other Gonstead conference? _____

How many Gonstead System Seminars have you attended? _____

Number of hours: _____

New! Save time by not filling out forms and ensure your membership benefits are not interrupted by using **"Automatic Renewal"**. Automatic Membership Renewal gives GCSS permission to automatically renew your membership each year using the credit card you provide. Credit card charges will be processed in October/November for the next calendar year. Automatic Renewal saves you time and puts more \$\$\$\$ into the research fund by eliminating production and postal costs. Say "YES" to Automatic Renewal by checking the box below.

"Yes" Sign me up for Automatic Renewal! (GCSS will automatically renew your annual membership using your credit card)

Payment: I give my permission to charge my credit card for membership fees

Payment Amount US\$ _____

MasterCard Visa Card Number: _____

Expiration Date **Required:** _____

Name on card: _____

Signature: _____

If your credit card billing address is different than your location address please complete:

Billing address: _____

City, State, Zip Code: _____

OR: Enclosed is a Check Payable to:

Gonstead Clinical Studies Society

Amount: _____

Check #: _____

Date: _____

Thank You For Your Continued Support through Membership!