



## GCSS Annual Student Membership Application

Please type or print legibly

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Help GCSS stay in communication with you: **Please notify GCSS if your information changes!**

### Tell us a little about yourself . . .

Name of Chiropractic College attending? \_\_\_\_\_  
**What is the expected year of your graduation?** \_\_\_\_\_  
How many Gonstead Seminars have you attended? \_\_\_\_\_

### Membership Fees Student - \$15 Annually

With your membership you will receive a total of 8 newsletters annually; 4 "G"Notes & 4 The Scope.

### Field of Dreams: "If we build it they will come."

Please help build our chiropractic vision. Your donation goes directly into our research fund to help preserve, protect and defend The Gonstead System of Chiropractic. With your support the research will continue to scientifically validate the Gonstead technique. There are many levels of participation available. I would like to participate on the following level:

- Platinum Level \$100 per month
- Diamond Level \$50 per month
- Gold Level \$25 per month
- Silver Level \$10 per month

I would like to make a one time donation of: \$\_\_\_\_\_

### Payment: I Give My Permission To Charge My Membership To My Credit Card

Payment Amount US\$ \_\_\_\_\_  MasterCard  Visa  Discover  
Card No. \_\_\_\_\_ Expires (*required*): \_\_\_\_\_ (mm/yy)  
Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_  
**(OR) Payment by Check:** Amount US\$ \_\_\_\_\_ Check# \_\_\_\_\_ Check Date: \_\_\_\_\_

MAIL FORM TO: GCSS 900 17th Avenue, Santa Cruz, CA 95062 OR FAX/phone TO: 831-476-

Questions? Call: 888-556-4277 • www.gonstead.com