

# Membership Invitation/Application

(Use this application or go online at [www.gonstead.com](http://www.gonstead.com))

Membership is annual by calendar year January through December. However, you can join at any time!

## Gonstead Clinical Studies Society

1280 17<sup>th</sup> Avenue, Suite 101

Santa Cruz, CA 95062

P. 888-556-4277 or Fax/phone 831-476-1873

### \* Indicates required information

Name: \_\_\_\_\_  
Practice/Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell/ (optional): \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_  
Facebook: \_\_\_\_\_  
Years in practice: \_\_\_\_\_

Membership Type:  General Member  Diplomate  Fellow

\*Gonstead Exclusive?  Yes  No Use Gonstead Equipment?  Yes  No Use Instrumentation?  Yes  No

\*What instrument do you use? \_\_\_\_\_

\*Do you use modalities?/Describe \_\_\_\_\_

\*When did you last attend a Gonstead technique seminar? \_\_\_\_\_

\*Number of Gonstead Technique seminars you have attended? \_\_\_\_\_ \*Number of hours? \_\_\_\_\_

\*From which Chiropractic College/University did you graduate? \_\_\_\_\_

\*Graduation Year? \_\_\_\_\_ Credentials received from College/University?  D.C  Other: \_\_\_\_\_

\* What year did you begin practicing as a licensed Gonstead chiropractor (Post-Grad)? \_\_\_\_\_

### \*Terms of Agreement (Required)

I understand that by becoming a member of GCSS, I am committing to use the Gonstead technique in my practice as my primary method of care. I further understand that the GCSS Board of Directors has the right to terminate my membership, without reimbursement, should I be found to be falsely representing the Gonstead technique or have been found guilty of unethical or immoral conduct. I am agreeing to uphold the rules, regulations and By-Laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Gonstead Exclusive:

Doctor uses Gonstead protocol of gowning, visualization, scoping, digital palpation (both static and motion), takes, analyzes and utilizes full spine x-rays, adjusts using specific, short lever Gonstead protocol on Gonstead equipment and/or hy-lo table.

## GCSS Membership (January 1 through December 31)

### Annual Membership Dues

3+ years in practice-\$200

2nd year of practice-\$125

1st year of practice-\$100

Retired-\$50

Add a 2nd office location-\$50

Write-in address for 2<sup>nd</sup> office location:

Mail this renewal with payment to GCSS 1280 17<sup>th</sup> Ave, Suite 101 Santa Cruz, CA 95062

Call or FAX this to GCSS with your credit card information 831-476-1873

Yes—Save time with **automatic renewal!** GCSS can renew your membership automatically each year by using the credit card you provide. Credit card charges process in November for the next calendar year. You can opt out or cancel at any time.

### Payment—You have permission to charge my credit card

Payment Amount:

Card#

Expiration Date:

Security Code:

Name on Card:

Your Signature:

If your credit card billing address is **different** from your location address please add it here ↓ (address, city, state & zip)

Or: Enclosed is a check. Mail your payment to GCSS 1280 17<sup>th</sup> Avenue, Suite 101, Santa Cruz, CA 95062

Amount:

Check#:

Date:

Send information on how to become a GCSS Diplomate

I am available to:  Mentor Students  Help teach workshops

A 501c3 not-for-profit organization dedicated to the Gonstead System of Chiropractic

**Thank you for your Support!**