

Membership Invitation/Application

(Use this application or go online at www.gonstead.com)

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

Gonstead Clinical Studies Society

1280 17th Avenue, Suite 101 Santa Cruz, CA 95062
P. 888-556-4277 • 831-476-18873

* Indicates required information

Name: _____
Practice/Clinic Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell/ (optional): _____
Fax: _____
Email: _____
Website: _____
Facebook: _____
Instagram: _____
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 gawning, 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 2nd office location:

Scan or take a photo and email this form to michele@gonstead.com

Mail this form with payment to GCSS 1280 17th Ave, Suite 101 Santa Cruz, CA 95062

Save time with **automatic renewal!** Email this form to michele@gonstead.com

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. 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 17th 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! To achieve our mission, we rely on the generous support of individuals like you. We are grateful for your generosity and hope you take great pride in the difference it makes.