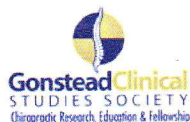


**GCSS Membership Application**  
 Fax this form to: 831-476-1873  
 Or mail to: GCSS 900 17th Avenue  
 Santa Cruz, CA 95062



**Current Location:**

(Your Directory and Website listings will be published *exactly* as shown below. Please review carefully and make changes/additions)

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

**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: \_\_\_\_\_  
 Years in Practice: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Web Site: \_\_\_\_\_  
 Local Landmark/ Or Major City: \_\_\_\_\_

**Annual Membership Fee:**

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

**Your Membership Status is:**

- General Member
- Diplomat
- Fellow

**This is a:**

- Membership Renewal
- New Membership

- Send me information on how to become a GCSS Diplomat

**I am available to:**

- Mentor Students
- Help teach workshops

- Send me GCSS newsletters via email (instead of paper)

**Choose your Directory Format:** (Choose One)

- Traditional Binder Style (add \$25 for international shipping)
- PDF on CD-ROM
- Website Download (PDF)
- Send nothing-I'll use the web ([www.gonstead.com](http://www.gonstead.com))

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: \_\_\_\_\_

**Save time!**—Use “Automatic Renewal” for uninterrupted membership benefits. Automatic Membership Renewal gives GCSS permission to automatically renew your membership each year using the credit card you provide. Credit card charges are processed in October/November for the for the following calendar year. Automatic Renewal saves you time and puts more \$\$\$ into the research fund by eliminating production and postal costs for membership applications. 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)**

**I give you permission to charge my credit card for membership fees: (tax-deductible)**

Payment Amount US\$ \_\_\_\_\_

MasterCard, Discover, Visa, American Express \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

If your credit card billing address is different from your office address, please provide it here:

Billing address \_\_\_\_\_

**OR:**

→ **Enclosed is a Check Payable to:**

Gonstead Clinical Studies Society

900 17th Avenue, Santa Cruz, CA 95062

Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

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

**Thank You For Your Support through Membership!**