



Be a Student Member of GCSS

Email this form to michele@gonstead.com

GCSS Annual Student Membership Application

Please type or print legibly

Today's Date: _____
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
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 month & year of your graduation? _____
How many Gonstead Seminars have you attended? _____

Annual Student Membership Dues — \$30

With your membership you will receive a total of 8 newsletters annually; 4 each of *The "G" Note* & *The Scope Plus*, access to the "*Members*" area on www.gonstead.com

Payment: I Give Permission To Charge My Credit Card

Payment Amount US\$ _____
Credit Card # _____
Expiration Date: _____ Security Code _____
Print Name on card: _____ Signature: _____
Credit card ***billing address if different*** from you location address: (Street, City, State, Zip):

(OR) Payment by Check payable to Gonstead Clinical Studies Society
Amount US\$ _____ Check# _____ Check Date: _____

Questions? Call: 888-556-4277

Sign-up for membership online www.gonstead.com