

# GONSTEAD CHIROPRACTIC SOCIETY (AUST)

PO Box 1069, ASHWOOD VIC 3147  
EMAIL: treasurer@gonstead.com.au  
FAX: 03 9568 6215 - please use black pen

## 2010 MEMBERSHIP APPLICATION/RENEWAL

The GCS (Australia) Inc. membership year coincides with the calendar year (January 1<sup>st</sup> – December 31<sup>st</sup>). To renew your membership please complete this form, including your entry details for the new directory. Membership is due by January 1<sup>st</sup> each year. A receipt for tax purposes will be sent in the mail. Please use black pen.

NAME.....

POSTAL ADDRESS.....

SUBURB.....STATE.....POSTCODE.....

PH WORK ( )..... HOME or MOB ( ).....

FAX ( )..... EMAIL.....

CHIROPRACTIC REGISTRATION OBTAINED (mm/yy).....

Membership Fee Schedule (all fees include GST): *Please circle the fee intended for payment*

Regular Membership (Annual-no charge for life members).....\$100.00

First Year Graduate Rate (Annual).....\$50.00

Student Rate (Annual).....\$30.00

### Directory Entry Information:

NAME.....

PRACTICE ADDRESS.....

SUBURB.....STATE.....POSTCODE.....

PH WORK ( )..... FAX ( ).....

2<sup>nd</sup> PRACTICE ADDRESS.....

SUBURB.....STATE.....POSTCODE.....

PH WORK ( )..... FAX ( ).....

I hereby apply for membership as indicated above :

Signature..... Date.....

#### Method of Payment

\_\_\_ Cheque (Please make Cheque/Money Order payable to "GCS (Aust)")

\_\_\_ Credit Card: Tick one: MasterCard\_\_\_ Visa\_\_\_

Card No: \_\_\_\_\_ Expiry Date.....

Cardholder Name.....Signature.....