

GONSTEAD CHIROPRACTIC SOCIETY (AUST)

PO Box 1069, Ashwood, VIC, 3147
Email: treasurer@gonstead.com.au
Fax: 03 9568 6215 - please use black pen

Ambassador Programme Application

A receipt for tax purposes will be sent in the mail. Please use black pen.

NAME.....

POSTAL ADDRESS.....

.....STATE.....POSTCODE.....

PRACTICE ADDRESS.....

.....STATE.....POSTCODE.....

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

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

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

NUMBER OF GONSTEAD SEMINARS ATTENDED.....

NUMBER OF HOURS IN PRACTICE PER WEEK.....

Fee Schedule (all fees include GST):

Application Fee (payable on application) \$200

Fee per Module (1st Module payable with application).....\$100

I hereby apply for entry to the Ambassador Programme in 2011. I confirm that I am a current financial member of good standing of the GCS (Aust) for 2011. I accept that I will not have use of the Ambassador title until all modules have been completed successfully. Upon successful completion of the training programme, I agree to abide by the constitution and by-laws of GCS (Aust). I understand that I must remain a financial member of GCS (Aust) to maintain the use of my title in future years. I hereby give GCS (Aust) permission to publish any article written by me as part of the training programme.

Signature..... **Date**.....

Please send completed form with payment to the above address.