



President/Treasurer: Jill G. Bradshaw, D.C.
 Vice President/Secretary: Michael W. Shreeve, D.C.
 Executive Directors: Richard Groscopic, D.C.
 Shawn Hall, D.C.
 Galen Politis, D.C.

MEMBERSHIP APPLICATION			
(Please Print)			
APPLICANT INFORMATION			
Name:			
Current address:			
City:	State:	ZIP Code:	
Phone:	Mobile:	FAX:	
E-mail:	College:		Year Graduated:
Years in practice:	Primary Technique Used: <i>(Please check)</i> <input type="checkbox"/> Groscopic Hand Adjusting		
States licensed:	Initial Groscopic Procedure Training: <i>(Date)</i> _____ <i>(Location)</i> _____		
Instructor and/or Organization: _____			
Date Certified by Groscopic Procedure Society, Inc.: _____			
Currently Practicing? <i>(Please circle)</i>			
Yes	No	Retired	Student
Other Techniques Used: <i>(Please list)</i> _____			
PRACTICE INFORMATION			
Practice name:			
Practice address:			Website:
City:	State:	ZIP Code:	
Position:			
Phone:	FAX:		
MEMBERSHIP CATEGORY			
			Membership Dues
Doctor of Chiropractic			\$50
Doctor of Chiropractic (licensed less than 1 year)			\$25
Chiropractic Student	School	Target Graduation	FREE
Make checks payable to: Groscopic Procedure Society, Inc.			
Mail membership application and dues payment to:			
Groscopic Procedure Society, Inc. PO Box 332 Lebanon, GA. 30146-0332			
Signature:			Date:
Your membership helps to perpetuate the Groscopic Procedure for future generations.			