



Navigating the future of specific upper cervical hand adjusting

President: Jill G. Bradshaw, D.C.
 Vice President: Michael W. Shreeve, D.C.
 Treasurer: Megan Franklin, D.C.
 Secretary: Cameron Stewart, D.C.
 Membership: Kevin Segall, 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> _____		
Currently Practicing? <i>(Please circle)</i>	Instructor and/or Organization: _____		
Yes No Retired Student	Date Certified by Groscopic Procedure Society, Inc.: _____		
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. c/o Megan Franklin, D.C. 900 N. Swallowtail Dr. - Suite 104D Port Orange, FL 32129			
Signature:			Date:
Your membership helps to perpetuate the Groscopic Procedure for future generations.			