



Garden State Chiropractic Society

P.O. Box 831 * Point Pleasant, NJ 08742

APPLICATION FOR MEMBERSHIP

PRINT OR TYPE:

FULL NAME _____ NAME OF SPOUSE _____

OFFICE ADDRESS _____ ZIP _____

HOME ADDRESS _____ ZIP _____

TELEPHONE (OFFICE) _____ (FAX) _____ (HOME) _____

E-MAIL ADDRESS _____

ALL OTHER CHIROPRACTIC ASSOCIATION MEMBERSHIPS _____

OTHER NON-CHIROPRACTIC ORGANIZATIONS MEMBERSHIPS _____

NAME OF GSCS MEMBER WHO SPONSORED YOU _____

DO YOU NOW USE ANY ADJUNCTIVE THERAPIES OR MODALITIES? YES NO (CIRCLE ONE)

DO YOU EVER ADJUST OTHER THAN THE BONES OF THE SPINE OR ITS IMMEDIATE ARTICULATIONS? YES NO

ARE YOU IN FULL-TIME PRACTICE? YES NO

IF NOT IN PRACTICE, WHY? _____

LIST ME IN THE GSCS REFERRAL DIRECTORY? YES NO

I hereby apply for membership in the GSCS, and enclose a check in the amount of _____. I understand that my application is subject to approval by the Board of Directors and that I will be notified of its actions. In applying for membership, I agree to abide by the Charter Provisions, Constitution, By-Laws, and all amendments and Regulations of the Garden State Chiropractic Society. I also understand that failure to remit dues when due, or non-compliance with the aforesaid rules, upon action of the Board of Directors, may result in loss of membership and all rights and privileges thereof.

Signature of Applicant _____ Date _____

PLEASE CHECK TYPE OF MEMBERSHIP

FOR OFFICIAL USE ONLY:

**Interview Date:
Conducted By:
Accept: Yes No
Phone Chain:**

Comments:

- _____ GENERAL MEMBER: \$300 ANNUALLY (\$75 Initial, \$75 quarterly)
- _____ 1st YEAR OUT OF SCHOOL: \$100 ANNUALLY (\$25 Initial, \$25 quarterly)
- _____ ASSOCIATE MEMBER: \$50 ANNUALLY
- _____ STUDENT MEMBER: \$25 (A ONE-TIME FEE)
- NAME OF SCHOOL _____ ESTIMATED GRADUATION DATE _____
- (DUES CHECK MUST ACCOMPANY APPLICATION)**

**Make checks payable to:
GSCS, c/o Dr. Jay Yuhas, 7 Bridge St., Metuchen, NJ 08840**

The following are excerpts of the by-laws of the Garden State Chiropractic Society. Persons filling out the reverse side should be aware that by doing so they agree to ascribe and adhere to all the following.

A. Membership - classes and responsibilities

1. General: open to all licensed DC's, full voting rights, dues: \$300 per year.
2. First Year: open to all licensed DC's out of school less than one year, full voting rights, dues: \$100 per year
3. Student: open to all resident students in any chiropractic college, no voting rights, may attend G.S.C.S. function open to general members, dues: \$25 one-time fee
4. Associate: open to any doctor of chiropractic or philosophical friend of straight chiropractic not practicing in New Jersey, no voting rights, may attend all functions open to all general members, dues: \$50 per year

B: Definition of terms and concepts regarding the purpose of the G.S.C.S.:

DEFINITION

Straight Chiropractic is a natural philosophy of life and health based upon recognition of the inherent ability of living organisms to repair and heal themselves, under the perfect direction of the Innate Intelligence of Life, in accordance with Universal Law; and the art and science of properly locating, analyzing and adjusting vertebral subluxations for the restoration and maintenance of neural integrity in accordance with the philosophy.

SCOPE OF PRACTICE

The practice of straight chiropractic includes:

- A. Pre and post analysis of the spine to locate, identify and categorize vertebral subluxations by means of chiropractic spinographic x-ray study, chiropractic palpation of the spine through its immediately adjacent tissues, and/or observation of structures related to the spine.
- B. The correction of vertebral subluxations by means of specific chiropractic adjustments.
- C. Educating patients and the public at large to the philosophy and principles of straight chiropractic.
- D. Nothing else.