

Please complete the information below and mail it with your payment.

Salutation	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
Name			
Academic Degree(s)			
Profession			

Institution	
Department	
Job Title	
Street Address	
Street Address (add'tl)	
City	
State	
Zip Code	
Country	

Phone	
Fax	
Email	

- I do not wish to have my contact information published in the membership directory on the GCMAS website. *(Please note that access to this directory is restricted to active GCMAS members.)*
- I do not wish to have my contact information placed on the GCMAS distributed mailing list (for related continuing educational seminars).

Membership Type	<input type="checkbox"/> Standard (\$150)	<input type="checkbox"/> RFP (\$60)	<input type="checkbox"/> Student (\$60)	<input type="checkbox"/> Affiliate (\$60)
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In addition to my membership dues, I would like to make a contribution to the GCMAS Education Fund in the amount of: \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**Please make checks (US Dollars only) payable to GCMAS and address to:**

GCMAS  
 2651 Snowbird Lane  
 Naperville, IL 60564

Gait and Clinical Movement Analysis Society  
 Tax ID# 36 – 4080124

If you have any questions regarding this application, please call (708) 508-9326 or email [membership@gcmass.org](mailto:membership@gcmass.org).