

G A I T & C L I N I C A L  
**GCMAS**  
M O V E M E N T A N A L Y S I S S O C I E T Y

Dear GCMAS Members,

The 2021 Gait and Clinical Movement Analysis Society membership renewals are now open. As a member of GCMAS, your dues support the Society in a number of ways including the development and maintenance of the society web site (including members-only content), the development of standards and best practices for motion analysis and reduced registration fees at our annual meeting.

Membership in GCMAS is based on a calendar year; all memberships expire on December 31. Please note that midyear renewals are retroactive to January 1. Memberships are currently being processed for 2021. As a member of the Society, you also have the opportunity to purchase a 2021 print and/or electronic subscription to Gait & Posture at the discounted GCMAS rate.

Benefits of a GCMAS membership include:

- Opportunity for collaboration with both clinical and technical experts interested in human movement
- Reduced registration at the society's annual meeting, as well as ESMAC and SIAMOC society annual meetings
- Discounted online and/or print Gait & Posture journal access
- Access to the member's only website, which includes instructional resources, webinars, member directory, etc.
- Voting rights within the society
- Eligibility for the society's annual meeting awards, including the young investigator award
- Eligibility for student travel grants (restricted to student members only)

When you are renewing your membership, please update the information below as necessary. Asterisks indicate required fields. Student and trainee members are required to provide documentation confirming their academic status.

For more information about the renewal process including Gait & Posture subscriptions, or to submit your student/trainee documentation, please contact our membership chair, Dr Karen Kruger, at [membership@gcmas.org](mailto:membership@gcmas.org). International members, we can no longer accept foreign bank checks. Also, for security reasons we no longer accept wire transfers. If you are mailing your membership payments, please note our new address: Gait and Clinical Movement Analysis, PO Box 9299, Naperville, IL 60567

## 2021 GCMAS Membership Dues

Membership Type	Description	Annual Dues
Standard	Standard membership is available to anyone interested in joining the GCMAS community. Includes membership from other societies.	\$120
Trainee	Trainee membership is available to medical residents and fellows and post-doctoral researchers. This membership requires a letter from your employer verifying your status.	\$ 10
Student	Student membership is available to full-time students in a pre- and post-doctoral program. This membership requires a letter from your advisor or academic institution verifying your academic status.	\$ 10

## Gait and Posture Journal

	Description	Subscription Cost
Paper -Standard Membership	Eight issues of Gait and Posture will be sent by mail. The subscription is for standard members. You will also have access to Gait and Posture online.	\$ 100
Paper-Trainee Membership	Eight issues of Gait and Posture will be sent by mail. The subscription is for trainee members only. You will also have access to Gait and Posture online.	\$ 45
Paper-Student Membership	Eight issues of Gait and Posture will be sent by mail. The subscription is for student members only. You will also have access to Gait and Posture online.	\$ 40
Electronic-Standard Membership	As a standard member, you will have access to Gait and Posture online.	\$ 60
Electronic-Student Membership	As a trainee or student member, you will have access to Gait and Posture online.	\$ 30

Membership renewal can be paid in two ways:

- 1) Online via credit card at [www.gcmas.org](http://www.gcmas.org) (login to the site, then follow the *Memberships* tab to purchase a 2021 membership.).
- 2) Via check using the form attached. Please note: we no longer can accept foreign bank checks.
- 3) For security reasons we no longer accept wire transfers.

**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 *					
Street Address *					
Street Address (add'l)					
City *					
State *					
Zip Code *					
Country *					
Phone *					
Fax					
Email *					
Academic Degree(s) * Check all that apply	<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> PT <input type="checkbox"/> MPT <input type="checkbox"/> DPT <input type="checkbox"/> MS <input type="checkbox"/> BS <input type="checkbox"/> Other (please specify) _____				
Primary Discipline * Check one	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Engineer:</b>  <input type="checkbox"/> Biomedical  <input type="checkbox"/> Electrical  <input type="checkbox"/> Mechanical  <input type="checkbox"/> Other _____  <input type="checkbox"/> Industry Representative  <input type="checkbox"/> Kinesiologist  <input type="checkbox"/> Occupational Therapist  <input type="checkbox"/> Physical Therapist           </td> <td style="width: 50%; vertical-align: top;"> <b>Physician:</b>  <input type="checkbox"/> Orthopaedics  <input type="checkbox"/> PM&amp;R  <input type="checkbox"/> Neurology  <input type="checkbox"/> Sports Medicine  <input type="checkbox"/> Other _____  <input type="checkbox"/> Podiatrist  <input type="checkbox"/> Other _____           </td> </tr> </table>			<b>Engineer:</b> <input type="checkbox"/> Biomedical <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Other _____ <input type="checkbox"/> Industry Representative <input type="checkbox"/> Kinesiologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist	<b>Physician:</b> <input type="checkbox"/> Orthopaedics <input type="checkbox"/> PM&R <input type="checkbox"/> Neurology <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Other _____ <input type="checkbox"/> Podiatrist <input type="checkbox"/> Other _____
<b>Engineer:</b> <input type="checkbox"/> Biomedical <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Other _____ <input type="checkbox"/> Industry Representative <input type="checkbox"/> Kinesiologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist	<b>Physician:</b> <input type="checkbox"/> Orthopaedics <input type="checkbox"/> PM&R <input type="checkbox"/> Neurology <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Other _____ <input type="checkbox"/> Podiatrist <input type="checkbox"/> Other _____				
Institution *					
Institution type * Check one	<input type="checkbox"/> University <input type="checkbox"/> Hospital <input type="checkbox"/> Industry <input type="checkbox"/> Private Practice <input type="checkbox"/> Other (please specify) _____				
Department *					
Job Title *					

The following information is not required for membership registration or renewal. Our purpose in collecting this information is the reporting of pool demographics data for NIH funding initiatives.

Race/Ethnicity Check all that apply	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other (please specify) _____
Birth Year	

Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
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**Payment**

<b>2021 Standard Membership Cost Breakdown:</b>		<b>Total</b>
Standard Membership	\$120	
Gait and Posture Paper -standard membership	\$100	
Gait and Posture Electronic-Standard Membership	\$ 60	
<b>2021 Student/Trainee Membership Cost Breakdown (documentation required)</b>		
Student/Trainee Membership	\$ 10	
Gait and Posture Page-Trainee	\$ 45	
Gait and Posture Paper-Student	\$ 40	
Gait and Posture- Electronic-Student/Trainee	\$ 30	
<b>Total</b>		

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

Gait and Clinical Movement Analysis  
 PO Box 9299  
 Naperville, Illinois 60567  
 (630) 947-9945  
 membership@gcmass.org

Tax ID# 36 – 4080124