

Membership Application

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1. _____

First Name	Middle Name	Last Name
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Degree (e.g. DC, MD, PhD, ICSC, DABCO, etc.) ☐ Male ☐ Female

☐ I am a member of a national chiropractic association Name:

☐ I am licenced to practice chiropractic in my country

☐ I am a member of another sports council or sports organisation Name:

☐ I am a student and/or assistant

Name of employer:

☐ I have a special interest in a particular sport. Which:

Address

Zip Code City Canton Country

Email Office Phone

Mobile Phone Fax Home Phone

I understand that my membership is conditional upon the truth and accuracy of the statements above. I agree to abide by all the rules and regulations of the SCSC and its canon of ethics and hereby so certify with my signature.

2. Signature Date

3. Mail completed application to :
 Laure Beranger, DC
 Centre Vidy-Med
 Rte de Chavannes 9A
 1007 Lausanne
Email : admin@chiro sport.ch

4. **Payment :** Please pay by e-banking or bank transfer. Use the QR code on the right.

Swiss Chiropractic Sports Council
 UBS Lausanne (Switzerland) Clearing nr.: 243
 Account nr.: F9-361,330.0
IBAN : CH93 0024 3243 F936 1330 0



Fee: CHF 100.— one time handling fee
 CHF 100.— annual membership fee (30.- FICS, 50.- SCSC, 20.- Education Fund)

NB: Students and/or assistants pay half of above fees