SWISS CHIROPRACTIC SPORTS COUNCIL

Membership Application

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1. _____

First Name Middle Name Last Name

_____

Degree (e.g. DC,MD, PhD, ICCSP, 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/Fax completed application to : Christophe Wegelin, DC, ICCSD
Salines 10
1132 Lully VD
Fax: +41-21-802 22 77
Email : christophe.wegelin@chirosuisse.ch

4. **Payment :** Please pay by e-banking or bank transfer to :
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