

## 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 Béranger, 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