

Membership Application

Please copy / print this page								
1.	First Name Mid	ldle Name		L	ast Na	ame		
	Degree (e.g. DC,MD, PhD, ICCSP, DA	BCO, 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	• • • • • • • • • • • • • • • • • • • •	. Cou	ntry		
Email Office Phone								
	Mobile Phone	Fax		Home P	hone			
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, ICSC Salines 10 1132 Lully VD 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							