



FEDERATION INTERNATIONALE  
DE CHIROPRACTIQUE DU SPORT

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**APPLICATION & REMITTANCE FORM FOR EDUCATIONAL INSTITUTIONS &  
COLLEGES**

*(Not For WFC National Member Associations - See Separate Form under 'WFC Member Association  
Application')*

**PLEASE PRINT**

Name of Institution/College:
Name of Contact Person:
Address:
Suite/Unit:
City:
State/Province:
Postal Code/Zip:
Country:
Phone:
Fax:
E-mail Address:
<p><b>Annual dues are based on the number of members/students in your Institution/College</b> <b>Payment in US dollars is due by January 1<sup>st</sup> of each year.</b> <b>751 or more students = USD \$2500.00</b> <b>501 to 750 Students = USD \$1000.00</b> <b>Up to 500 Students = USD \$500.00</b></p>
<p><b>Payment Options:</b> <input type="checkbox"/> Cheque/Check      <input type="checkbox"/> Credit Card      Visa <input type="checkbox"/>      MasterCard <input type="checkbox"/></p> <p>Credit Card Name _____</p> <p>Credit Card # _____ Expiry Date _____</p> <p>Signature _____ Date _____</p> <p><input type="checkbox"/> A cheque/check is enclosed in US Dollars (Payable to International Federation of Sports Chiropractic) Mail cheques/checks, fax or e-mail credit card payments to the administrative office in Toronto to; <b>Attention:</b> Khalid Salim at <a href="mailto:ksalim@wfc.org">ksalim@wfc.org</a>. For wire transfer information email Khalid Salim.</p>

**Head Office : MSI - Maison du Sport International**, Avenue de Rhodanie 54, CH-1007-Lausanne (Suisse)

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