



FEDERATION INTERNATIONALE
DE CHIROPRACTIQUE DU SPORT

Administrative Office: 1246 Yonge Street. Suite 203. Toronto, Ontario. Canada
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APPLICATION & REMITTANCE FORM FOR ASSOCIATIONS & ORGANIZATIONS
(Not For WFC Member Associations or Colleges - See Separate Forms under 'WFC Member Association Application' and 'Educational Institution & Colleges')

PLEASE PRINT

Name of Association/ Organization:
Name of Contact Person:
Address:
Suite/Unit:
City:
State/Province:
Postal Code/Zip:
Country:
Phone:
Fax:
E-mail Address:
<p><i>Payment in US dollars is due by January 1st of each year</i></p> <p><u>Total Dues USD\$ 250.00</u></p>
<p>Payment Options: <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; Attention: Khalid Salim at ksalim@wfc.org. For wire transfer information email Khalid Salim.</p>