



FEDERATION INTERNATIONALE
DE CHIROPRATIQUE DU SPORT

Administrative Office: 1246 Yonge Street, Suite 203, Toronto, Ontario, Canada
Tel: 1 416-484-9091 Fax: 416-484-9665. www.fics-sport.org

WFC MEMBER ASSOCIATION APPLICATION & REMITTANCE FORM
PLEASE PRINT

National Chiropractic Association:								
Name of Contact Person:								
Address:								
Suite/Unit:								
City:								
State/Province:								
Postal Code/Zip:								
Country:								
Phone:								
Fax:								
E-mail Address:								
<p>Annual dues are based on the number of members in your association according to the schedule below.</p> <table><tr><td>1 - 10 members</td><td>USD\$50.00</td></tr><tr><td>11 – 50 members</td><td>USD\$100.00</td></tr><tr><td>51– 100 members</td><td>USD\$150.00</td></tr><tr><td>101 and above</td><td>USD\$200.00</td></tr></table> <p>Total Dues [according to schedule] \$ _____</p> <p><i>Payment in US dollars is due by January 1st of each year</i></p>	1 - 10 members	USD\$50.00	11 – 50 members	USD\$100.00	51– 100 members	USD\$150.00	101 and above	USD\$200.00
1 - 10 members	USD\$50.00							
11 – 50 members	USD\$100.00							
51– 100 members	USD\$150.00							
101 and above	USD\$200.00							
<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>								