

APPLICATION FOR INDIVIDUAL MEMBERSHIP

**(FOR CHIROPRACTORS WHO ARE NOT MEMBERS OF THEIR NATIONAL SPORTS CHIROPRACTIC COUNCIL – NCSC-
OR ARE FROM COUNTRIES WITHOUT AN NCSC OR WHOSE NCSC IS NOT A FICS MEMBER)**

Name and Title of Individual

Full Address

including city, post/zip code and country

Contact Number

Please include international prefix

E-mail Address

Education & Reference Check

Chiropractic college/school Attended

Date attended

Relevant Chiropractic Qualifications

Professional Referee (Name)

Professional Referee E-mail

Professional Referee phone

Once completed submit your form to admin@ficsport.org.

Office Use

Education & Reference Checks

Notes

Checked by

Date

Application approved/

declined Notification date to

member Invoice date if

approved