

## INTERNATIONAL CHIROPRACTIC EDUCATION ALLIANCE

### Membership Application

(For Educational Institutions)

#### Institution Information

1. Institution Name:

2. Institution Type:

If Other, please specify

3. Year Established:

4. Institution Address:

Street Address:

City:

State/Province:

Postal Code:

Country:

5. Website:

#### Contact Person Information

Full Name:

Position/Title:

Email Address:

Phone Number  
(Include country code):

## **Educational Programs**

### 1. Chiropractic Programs Offered:

Bachelor's Degree in Chiropractic      Duration\*:

Master's Degree in Chiropractic      Duration\*:

Doctor of Chiropractic (D.C.)      Duration\*:

Continuing Education Program      Duration\*:

Other\*: (Please specify)

\* Indicate in semesters, trimesters, quarters, etc

### 2. Accreditation Status:

### 3. Accrediting Body:

## **Faculty Information**

### 1. Number of Full-time Faculty:

### 2. Number of Part-time Faculty:

### 3. Faculty to Student Ratio:

## **Student Information**

### 1. Total Number of Students Enrolled in Chiropractic Programs:

### 2. Average Annual Intake:

## **Additional Information**

1. \*Motivation for Joining the ICEA: (Explain why your institution wishes to join the International Chiropractic Education Alliance and how it plans to contribute)

2 \*Areas of Interest within ICEA: (List any specific areas or committees your institution is interested in)

3. \*Do you house a research department?

### **Supporting Documents**

Please submit the following together with your application form:

1. Institution Brochure/Prospectus
2. Accreditation Certificate
3. Recent Publications

### **Declaration**

1. Agreement:

We hereby declare that the information provided is accurate and complete to the best of our knowledge.

We agree to abide by the rules and regulations of the WFC International Chiropractic Education Alliance.

### **Submission**

1. Authorized Signature (type name):
2. Date (dd/mm/yyyy):

### **Payment Information**

Full Membership US\$995

Payment Method:

Credit Card Details:

- Card Number:
- Expiration Date:
- CVV:

**For wire transfer:**

**Beneficiary:**

World Federation of Chiropractic  
2 St. Clair Avenue West, 18th Floor  
Toronto, ON  
M4V 1L5  
Canada

**Bank Info:**

Royal Bank of Canada (RBC)  
Yonge & St. Clair Branch  
26 St. Clair Avenue West  
Toronto, ON  
M4T 1L7  
Canada

**Account Information:**

Swift Code: ROYCCAT2  
Institution # 003  
Branch # 06402  
US Account: 4005-260 (For US dollars only)  
IBAN #: Not Required in North America