

## INTERNATIONAL CHIROPRACTIC EDUCATION ALLIANCE

### Membership Application

(For Associate Membership)

#### Organization Information

1. Organization Name:

2. Organization Type:

If Other, please specify

3. Year Established:

4. Organization 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):

## **Information**

1. \*Brief description of activity

## **Additional Information**

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

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

## **Supporting Documents**

Please submit the following together with your application form:

1. Organizational brochure

## **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:** Associate Membership US\$795

**Payment Method:**

Credit Card Details:

- Card Number:
- Expiration Date:
- CVV:

**For wire transfers:**

**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