



Application for Membership

Voting and Non-Voting Membership Types

Unique within chiropractic, the World Congress of Chiropractic Students has always been student-driven, inclusive, and has striven to develop greater unity in the global profession. Many of the current leaders of the profession have been involved with WCCS.

APPLICATION FOR MEMBERSHIP

Any student body of a chiropractic college, or other persons or entities interested in furthering the objects of the Corporation may apply for Membership of the Corporation. Applicants may apply for Voting Membership, Non-Voting Membership or Associate Membership. However, only Chiropractic colleges and other chiropractic educational institutions will be eligible to apply for Voting Membership or Non-Voting Membership. WCCS will determine if any given applicant meets the criteria for Voting or Non-Voting Membership, as stipulated in the By-Laws. **All approved applicants will be required to attend Congress to give a detailed presentation which must include, at a minimum, the information submitted with their application, as outlined below.** Following the presentation, the floor will open for a question and answer session. The applying delegation will then leave the room for the Congress to vote. The final outcome will be determined by majority vote of Congress.

PRIVILEGES OF MEMBERSHIP

Members may attend and participate in all WCCS sponsored activities. WCCSworldwide.org also grants online exclusive access for members. Fundraise using a sponsorship packet.

CATEGORIES AND ELIGIBILITY REQUIREMENTS

Voting Member Type

- a. Must be comprised of the active student body recognized by the chiropractic college's administration.
- b. Limits its voting membership to chiropractic students and alumni.
- c. Abides by rules that govern voting and delegate selection.

Non-Voting Member Type

- a. A Non-Voting Member may meet all the criteria outlined for a Voting Member but will come from a chiropractic educational institution that does not meet the definition of Chiropractic College.

DUES

All members of WCCS must pay annual membership dues utilized for operational expenses incurred by the organization in order to remain in good standing.

CHANGE OF MEMBERSHIP TYPE

Membership types will be updated as necessary by way of a Membership Evaluation Application. A Member may submit a Membership Evaluation Application in the event of changes in a Member's curriculum or accreditation status, or a change in the definition of chiropractic colleges or membership types as defined in the Policy and Procedures that may qualify the Member for a different type of membership.

DENIAL OF APPLICATION AND SUBSEQUENT RE-APPLICATION

The Corporation encourages re-application for Membership to promote the inclusiveness of the organization. In the event that an applicant is denied Membership, the Corporation will allow applicants an opportunity to improve their educational standards in order to meet the requirements for Membership.

WITHDRAWING MEMBERSHIP

Members are able to withdraw membership at any given time without any penalties enforced upon future reapplication, provided a written resignation is submitted and verified. However, once the membership fee for the year is paid, no refunds will be issued if the member decides to withdraw during the current payment term.

SUSPENSION & TERMINATION OF MEMBERSHIP

In the event that the conduct of a Member is detrimental to the good standing of the Corporation or if a Member is in breach of the SOPPS and By-Laws, the Disciplinary Committee has the authority to suspend or terminate membership. Grounds of suspension may be any act deemed detrimental to the Corporation, including:

- a. Failure to pay Membership dues
- b. Failure to attend Congress OR deliver proxy vote for two consecutive years.
- c. Breach of By-laws
- d. Breach of Code of Conduct
- e. Involvement in criminal activity or any illegal actions that compromises the reputation and integrity of the Corporation



If you are interested in joining WCCS, please complete the application and submit along with the information below to secretary@wccsworldwide.org, internalaffairs@wccsworldwide.org and info@wccsworldwide.org.

Please submit the following with the membership application:

- A description of the course of study (including, but not limited to, subjects taught, approximate in class hours and duration of the course)
- A description of the chiropractic principles courses though
- Clinical internship requirements
- Institutional mission and objective statements
- Scope of practice
- A description of how chiropractic is perceived by the public within their region

GENERAL INFORMATION

Applicant/ Institution name	
Mailing Address	
City/Town	State/Province/Territory
Postal/Zip Code	Country
Telephone (<i>country code/area code/number</i>)	Fax (<i>country code/area code/number</i>)
Name of Primary Representative	Salutation: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Suffix: <input type="checkbox"/> DC <input type="checkbox"/> PhD <input type="checkbox"/> MSc
Title/Position	Year of Graduation from Chiropractic Institution
Address	
City/Town	State/Province/Territory
Postal/Zip Code	Country
Telephone(<i>country code/area code/number</i>)	E-Mail
Name of Secondary Representative	Salutation: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Suffix: <input type="checkbox"/> DC <input type="checkbox"/> PhD <input type="checkbox"/> MSc
Telephone(<i>country code/area code/number</i>)	E-Mail
Signature of Primary Representative	Signature of Secondary Representative



MEMBERSHIP DETAILS

Membership Type <i>(Please check one)</i>	Cost of term 2025/2026 Dues*	Total
Voting Member	\$ 0	\$.....
Non-Voting Member	\$ 1 000 CAD	\$.....
GRAND TOTAL :		\$.....

*Dues for new chapters must be paid during Congress in order to have voting rights. If membership is not approved, the dues will not be charged.

METHOD OF PAYMENT*

- For international transfers, please add \$17 CAD for bank fees.
- State your invoice number in the description of the payment.
- Please send a proof of the receipt (BANK Swift document) to finance@wccsworldwide.org

Option 1: Bank Draft CAD funds only

Bank Draft enclosed for the total amount shown above.
 Payable to *WCCS*
 Please send to:
 The Royal Bank of Canada,
 1510 Finch Avenue East Toronto, Ontario
 Account number: 1046077

Option 2: Credit Card through the application Square

You will receive an email with a link to the online payment invoice.

Option 3: Credit Card

- MasterCard VISA DISCOVER AMEX

Credit Card #	_____	Expiry Date (mm/yy)	_____
Cardholder's Name	_____	CVC Number	_____
Billing Address	_____	Province / State	_____
	_____		_____
City / Suburb	_____	Postal / Zip Code	_____
Country	_____	E-Mail	_____
Telephone <i>(country code/area code/number)</i>	_____		



I hereby authorize **WCCS** to debit the “Grand Total” indicated above from my credit card and I acknowledge having read the cancellation policy.

Cardholder Signature

DEFINITION OF TERMS

“**Alumni**” means a chiropractic graduate of no more than thirty six (36) months since the date of graduation who may represent a member at Congress as a delegate.

“**Chiropractic College**” refers to an educational institution (school, college or university) offering a degree in chiropractic with a working curriculum in all of the following areas:

- a. Chiropractic Principles
- b. Basic Sciences
- c. Chiropractic Technique(s)
- d. Analytical and Diagnostic Classes
- e. Supervised Clinical Internship

Additionally, a chiropractic college must fulfill the requirements of at least one of the following criteria as recommended by the World Health Organization and approved by the Board of Directors:

- a. A four (4) year, full-time program within specifically designated colleges or universities following one (1) to four (4) years of suitable pre-chiropractic training in basic sciences at university level
- b. A five (5) year bachelor integrated chiropractic degree program offered within a public or private university, with student entrance based upon the applicant's matriculation status and the university's admission requirements and quota restrictions
- c. A two (2) or three (3) year pre-professional Masters program following the satisfactory completion of a specifically designed bachelor degree program in chiropractic or a suitably adapted health science degree

“**Congress**” means the assembly of Members at any Annual General Meeting.

“**Delegate**” means a chiropractic student or alumni who is selected and authorized to represent a Member at Congress.

“**Dues**” means the annual Corporation membership fee.

“**Local Member**” means an individual who is a member of a Voting Member.

“**Member**” or “**Members**” means a Voting Member, Non-Voting Member or Associate Member of the Corporation.