

Application

I am asking for membership in the Swiss Chapter of ICAK

Name: _____ First Name: _____

Birthdate: _____ Profession: _____

Address: _____

Email: _____ Website: _____

Phone: _____ Fax: _____

I have received the ICAK diploma of

- clinical competence (successful completion of the 100hrs basic AK-course) or
- A-diploma of ICAK-CH

on: _____ (date) from: _____ (certified teacher of ICAK).

The membership fee of CHF 100 per year includes the journal MJAK (Medical Journal of Applied Kinesiology/German) as well as the reduction of fees in activities organized by ICAK-CH.

I prefer to receive: MJAK as regular AK-publication

I prefer to be listed in the directory of the website of ICAK-CH

Date: _____

Signature: _____

Please return to

ICAK-CH, c/o Dr. Peter Schnider, Berthastrasse 7

4500 Solothurn

Phone: 032 622 18 18 Fax: 032 622 45 48

email: schnider@solnet.ch