



BC ASSOCIATION OF KINESIOLOGISTS  
 102 – 211 Columbia Street  
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## BCAK PRACTICING 2010 Membership Application CHECKLIST

Submit this checklist in full along with all required documents and information to the BCAK office at the address noted above.

<b>Date online application form completed:</b>		
Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	

**Please enclose all required items in one complete package, using a large 9" x 12" envelope**

- BCAK Practicing Membership Application Checklist
- Practicing Members Online Form Completed (*complete date area above*)
- Completed and signed E & O and CGL Insurance Application from online application page
- Signed copy of the BCAK Code of Ethics Form
- Copy of Degree (*photocopies accepted*)
- Sealed Original Final Transcript(s) **from all post-secondary institutions**
- Non-refundable Application Processing Fee (*see below*), *Membership payment due upon approval*
- For education obtained outside of BC, a complete course description for each applicable course must be submitted (*official bound calendar/printed off web specific to year the course was taken*)

	Processing Fee Category	Fee	Payment options (please choose one)
<input type="checkbox"/>	Attended University <b>within BC</b>	\$ 183.75	<input type="checkbox"/> Cheque (payable to "BC Assn of Kinesiologists") <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX Card Number: _____ Expiry: _____ Name on Card: (please print) _____ Signature _____
<input type="checkbox"/>	Attended University <b>outside BC</b>	\$ 236.25	
<input type="checkbox"/>	Attended University <b>outside Canada</b>	\$ 367.50	

***Please note that you will have 3 months from the date you receive approval notification to initiate and pay for your membership dues. Membership and benefits will start from this date. The pro-rated dues amount is based on the schedule listed below.***

Application Processing Timeline	Non Prorated Portion of Fees Retained	Prorated Portion of Fees	Total BCAK Fees	Total CKA Fees	TOTAL Membership Payment Due (not including selected insurance amount due – please add on after)
January – March	\$105.00	\$210.00	\$315.00	\$26.25	\$341.25
April – June	\$105.00	\$157.50	\$262.50	\$26.25	\$288.75
July - September	\$105.00	\$105.00	\$210.00	\$26.25	\$236.25
October - December	\$105.00	\$57.50	\$162.50	\$26.25	\$188.75

Mandatory Errors and Omissions Liability Insurance Amounts Due (please choose one and add to membership total above):  
 2 Million Liability - \$79.00 | 5 Million Liability - \$147.00 | Optional Commercial General Liability Insurance \$48.00

**I have read and understand the information contained in this application information package**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_