



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.

**Date online application form completed:**

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*)
- 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*)
- BCAK Membership and Mandatory Insurance Dues (*see below*)
- 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*)

**PAYMENTS (includes 5% GST)**

Membership Dues/Insurance Coverage	2 Million	5 Million
BCAK – Practicing Membership Dues	300.00	300.00
5% GST Payable on dues (No: 874522329 RT0001)	15.00	15.00
CKA – Membership Dues including GST (No.:R877897710)	26.25	26.25
BCAK/CKA – E&O Insurance <i>*mandatory*</i>	79.00	147.00
<b>TOTAL MEMBER DUES/INSURANCE</b>	<b>420.25</b>	<b>488.25</b>

A) Dues/Liability Insurance	Fee
<input type="checkbox"/> <b>2 Million</b> plus Membership Dues	\$ 420.25
<input type="checkbox"/> <b>5 Million</b> plus Membership Dues	\$ 488.25
<input type="checkbox"/> Commercial General Liability ( <b>Optional</b> )	\$48.00

B) Processing Fee Category	Fee
<input type="checkbox"/> Attended University <b>within BC</b>	\$ 183.75
<input type="checkbox"/> Attended University <b>outside BC</b>	\$ 236.25
<input type="checkbox"/> Attended University <b>outside Canada</b>	\$ 367.50

**Credit Card Information**

Apply to:  Dues/Liability Insurance  Processing Fee  Both

VISA  AMEX  M/C

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ Total Charge: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Cheque Information**

(Please supply two separate cheques)

	CHEQUE NUMBER	CHEQUE AMOUNT
<input type="checkbox"/> Dues/Liability Insurance		
<input type="checkbox"/> Processing Fee		

Please defer processing my application until January 1 and I will call the BCAK office in December to confirm my payment is sufficient to cover any increased fees in the new calendar year

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

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