



BC ASSOCIATION OF KINESIOLOGISTS
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 Vancouver, BC V6A 2R5
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BCAK PRACTICING 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
CKA – Membership Dues	25.00	25.00
5% GST Payable on dues (No: 874522329 RT0001)	16.25	16.25
BCAK/CKA – E&O Insurance <i>*mandatory*</i>	75.00	140.00
TOTAL MEMBER DUES/INSURANCE	416.25	481.25

A) Dues/Liability Insurance	Fee
<input type="checkbox"/> 2 Million plus Membership Dues	\$ 416.25
<input type="checkbox"/> 5 Million plus Membership Dues	\$ 481.25
<input type="checkbox"/> Commercial General Liability (Optional)	\$73.00

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