



# 2009 BCAK ASSOCIATE MEMBERSHIP APPLICATION FORM

BC Association of Kinesiologists  
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This form is to be completed, signed, and submitted by fax or delivered to the BCAK office by mail, courier, or in person.

## TYPE OF ASSOCIATE MEMBERSHIP APPLICANT (Please Check One)

- Individual
- Company\*
- Association\*
- Organization\*

\* Membership will be in the name of the company, association or organization. The person whose name appears on this form will be the designated representative of this applicant and will serve as and exercise the rights of the member although changes to the representative can be made through the BCAK office.

## MEMBER INFORMATION

This is your information of record where you will be contacted by the BCAK. You will only be contacted using this information. Please print legibly or type. An e-mail address is important. The BCAK communicates with its members mostly by electronic means, except where required to do so by mail.

FIRST NAME:		LAST NAME:	
TITLE::			
COMPANY:			
STREET ADDRESS 1:			
STREET ADDRESS 2:			
CITY:		PROV:	POSTAL CODE:
TELEPHONE:		EMAIL:	

## MEMBERSHIP DUES Membership Year runs from January 1 – December 31

2009 Membership Dues	Dues
BCAK – Associate Membership Dues	\$ 250.00
CKA – Membership Dues	\$ 25.00
5% GST Payable on dues (No: 874522329 RT0001)	\$ 13.75
<b>TOTAL MEMBERSHIP DUES</b>	<b>\$ 288.75</b>

## PAYMENT METHOD

- Cheque (payable to "BCAK")     
 VISA     
 MasterCard     
 Amex
- Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_
- Name on Card: (please print) \_\_\_\_\_

## APPLICATION CONFIRMATION & SIGNATURE

- I agree & consent to the BCAK releasing my contact information to the CKA for CKA membership purposes.

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

Keep a copy of this form for your records