



2009 BCAK STUDENT MEMBERSHIP APPLICATION FORM

BC Association of Kinesiologists
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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 by electronic means, except where required to by mail.

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
FIRST NAME:	LAST NAME:
STREET ADDRESS 1:	
STREET ADDRESS 2:	
CITY:	PROV: POSTAL CODE:
TELEPHONE:	EMAIL:

EDUCATION INFORMATION

EDUCATIONAL INSTITUTION ATTENDING:
EXPECTED YEAR OF GRADUATION:
PROGRAM OF STUDY:
ACADEMIC INTEREST:
MEMBERSHIP IN OTHER ASSOCIATIONS:

MEMBERSHIP DUES Membership Year runs from January 1 – December 31

2009 Membership Dues	Dues
BCAK – Student Membership Dues	\$ 50.00
CKA – Membership Dues	\$ 10.00
5% GST Payable on dues (No: 874522329 RT0001)	\$ 3.00
TOTAL MEMBERSHIP DUES	\$ 63.00

PAYMENT METHOD

Cheque (payable to "BCAK") VISA MasterCard Amex

Card Number: _____ Expiry: _____

Name on Card: (please print) _____

DOCUMENTS ENCLOSED WITH THIS FORM

- Copy of Unofficial Transcript
- Payment

APPLICATION CONFIRMATION & SIGNATURE

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

Signature _____ Date: _____

You are required to renew your membership with the BCAK by January 1st of each year.
Please note: Unofficial transcripts, completed application form and payment are required before we can process your application for student membership with the BCAK.