



2010 BCAK & CKA ACADEMIC MEMBER RENEWAL FORM & ANNUAL DUES NOTICE

Completed, signed forms with full payment must be at the BCAK office by regular mail, hand, courier, or fax by 4:30 p.m., Thursday, December 31, 2009.

BC Association of Kinesiologists
102 - 211 Columbia Street, Vancouver, BC V6A 2R5

Tel : (604) 601-5100
Fax: (604) 681-4545

Please read the important renewal information contained in the accompanying letter or at www.bcak.bc.ca.

MEMBER INFORMATION

This is your information of record where you will be contacted by the BCAK. You will only be contacted using this information. Review your member information carefully to ensure it is accurate and include any changes. It is the member's responsibility to ensure the BCAK has their up-to-date contact information. An e-mail address is very important. The BCAK communicates with its members mostly by electronic means, except where required to do so by mail.

BCAK MEMBER CATEGORY: ACADEMIC	
BCAK MEMBERSHIP NUMBER:	INDICATE CHANGES TO MEMBER INFO BELOW
NAME:	
ADDRESS:	
ADDRESS:	
ADDRESS:	
TELEPHONE:	
EMAIL:	
COMPANY:	

MEMBERSHIP DUES & FEES

2010 Membership Dues	Dues & Fees
BCAK Academic Dues	\$ 125.00
5% GST Payable on dues (No: 874522329 RT0001)	\$ 6.25
CKA – Membership dues including GST (No.:R877897710)	\$ 26.25
Total Dues if paid by December 31, 2009	\$ 157.50

PAYMENT METHOD

Cheque (payable to "BCAK")
 VISA
 MasterCard
 Amex

Card Number: _____ Expiry: _____

Name on Card: (please print) _____

RENEWAL CONFIRMATION & SIGNATURE

- I want to renew my membership in the BCAK/CKA for the 2010 membership year (Jan 1.2010 – Dec 31.2010) & understand that I am consenting to the BCAK releasing information on this form to the CKA.
- I do not want to renew my membership in the BCAK/CKA for the 2010 membership year, and am signing & returning this form to the BCAK as required by the Society Act.

Signature _____ Date _____

Keep a copy of this form for your records