



# 2010 BCAK & CKA ASSOCIATE 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](http://www.bcak.bc.ca).

## MEMBER INFORMATION

**This is your information of record where you will be contacted by the BCAK.** Review your member information carefully to ensure it is accurate & include any changes. It is the member's responsibility to ensure the BCAK has 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*: ASSOCIATE	ASSOCIATE
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 Associate Dues	\$ 250.00
5% GST Payable on dues (No: 874522329 RT0001)	\$ 12.50
<b>Total BCAK Dues for 2010 (prorating not available)</b>	<b>\$ 262.50</b>
CKA Dues including GST (No: R877897710) (optional – please strike out if you do not want membership in the CKA)	\$ 26.25
<b>Total Amount Paid</b>	<b>\$</b>

## PAYMENT METHOD

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

## RENEWALCONFIRMATION & SIGNATURE

- I am renewing 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, when applicable.  
 I do not want to renew my membership in the BCAK or CKA for the 2010 membership year, and am signing & returning this form to the BCAK as notification required under the Society Act of BC (Please return by fax if possible)

Signature \_\_\_\_\_

Keep a copy of this form for your records