



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

Completed & signed forms, along with full payment must be received by 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 & include any changes. It is the member's responsibility to ensure the BCAK has their up-to-date contact information, including e-mail address, as the BCAK communicates with its members primarily by electronic means, except where required to do so by mail.

BCAK MEMBER CATEGORY*: PRACTICING	PRACTICING
BCAK MEMBER NUMBER:	INDICATE CHANGES TO MEMBER INFO BELOW
NAME:	
ADDRESS:	
ADDRESS:	
ADDRESS:	
TELEPHONE:	
EMAIL:	
COMPANY:	

MEMBERSHIP DUES & FEES Fill in the E&O & CGL amounts in the 'My Dues & Fees' column that apply to you to indicate the 'Total Dues & Insurance Premiums if paid by December 31, 2009'. Add the late renewal fee if you are paying after December 31, 2009 and by January 30, 2010 and pay the 'Total Dues & Premiums Plus Late Renewal Fee'.

2010 Membership Dues (Mandatory)	Dues & Fees	My Dues & Fees
BCAK – Practicing Member	\$ 300.00	\$ 300.00
5% GST Payable on dues (No: 874522329 RT0001)	\$ 15.00	\$ 15.00
CKA – Membership dues including GST (No.:R877897710)	\$ 26.25	\$ 26.25
Errors & Omissions (E&O) Insurance (Mandatory unless equivalent coverage approved)		
Option 1: I will participate in the CKA group E&O insurance policy (indicate "Yes" or "No")	Yes / No	
Indicate the Desired Level of Coverage:		
\$2,000,000. Aggregate coverage limit - annual premium of \$79.00 is minimum & retained	\$ 79.00	
\$5,000,000. Aggregate coverage limit - annual premium of \$147.00 is minimum & retained	\$ 147.00	
Option 2: I have equivalent E&O insurance through another Insurance Company (proof req'd)	Yes	
Commercial General Liability (CGL) Insurance (Optional)		
In addition to participating in the CKA group E&O insurance policy, I may participate in the optional CGL insurance group policy. \$2,000,000. Aggregate coverage limit	\$ 48.00	
I will e-mail the name(s) of those to be added as 'Additional Insured Interest' to the BCAK office as instructed in the cover letter (put a check in My Dues & Fees column)		
TOTAL 2010 Membership Dues & Insurance Premiums if paid by December 31, 2009		
Late Renewal Fee (for renewals paid after Dec. 31, 2009 & by Jan 30, 2010)	\$ 75.00	
Total Dues & Premiums Plus Late Renewal Fee		

PAYMENT METHOD

Cheque, Certified Cheque, Money Order or Bank draft (payable to "BCAK") VISA MasterCard Amex

Name on Card: (please print) _____ Card Number: _____ Expiry: _____

RENEWAL CONFIRMATION & SIGNATURE

- I am renewing my membership in the BCAK/CKA for the 2010 membership year (Jan 1.2010 – Dec 31.2010) and understand that I am consenting to the BCAK releasing information on this form to the CKA & the E&O/CGL insurance broker, where applicable.
- I am not renewing my membership in the BCAK/CKA for the 2010 membership year, and am signing & returning this form to the BCAK as formal notification required under the Society Act of BC (Please return by fax if possible)

Signature _____ Date _____

Keep a copy of this form for your records