



New Brunswick Kinesiology Association

AFFILIATE MEMBERSHIP APPLICATION

Membership is valid from date of acceptance to December 31 of the application year. For example: If one applies in April, the membership is valid from the date of acceptance to December 31, of the same year. Please note that full membership will need to be renewed by January 31 of the following year.

Affiliate members are those who have sustained and have had a significant contribution to the study of kinesiology as determined by the board of directors. Affiliate members have the right to attend all meetings of the members of the corporation and shall have a deliberative voice therein but will not have the right to vote.

Personal Information:

First Name: _____ Last Name: _____

Mailing Address: _____ Apt.: _____

City: _____ Province: _____ Postal Code: _____

Occupation: _____

Employer: _____

Email Address: _____

Method of Payment:

	Cost	Payment Method
Price	\$52.50	<input type="checkbox"/> E-transfer*
Taxes	\$7.88	<input type="checkbox"/> Cash
Total	\$60.38	<input type="checkbox"/> Cheque

*If paying by e-transfer, please use our g-mail account: nbkaaknb@gmail.com. If required, use a password of your choice and don't forget to share it with us by email at the same address so we can accept the payment.

P.O. Box 1510, Moncton, NB E1C 8T6
Phone: (506) 855-7869 E-Mail nbkaaknb@gmail.com



- I accept to be sent emails from the NBKA concerning events, promotion, jobs opportunities in line with Canada's anti-spam legislation.
- I would be willing to let my name stand for a volunteer position
- I would be interested in presenting at a NBKA/AKNB event or submitting to the newsletter (Specify topics) _____

INFORMATION RELEASE FORM

I, _____ hereby permit the New Brunswick Kinesiology Association / Association de Kinésiologie du Nouveau Brunswick to share information regarding my membership with the Canadian Kinesiology (CKA) and its member of other provincial associations. This information may include:

- Name
- Membership type
- Year joined
- Home/business address
- Home telephone
- Home or Company fax
- Membership number
- Year of graduation
- University graduated from
- Company Name
- Company Telephone number
- Email

This will be in effect from January 1 to December 31 of the year of this application. However, I understand that I can withdraw this permission at any time in writing and this request would be put into effect within 48 hours of receipt by the New Brunswick Kinesiology Association.

I will allow this information to be submitted to mailing lists for material related to kinesiology. For example, information regarding courses being offered by private companies or insurance broker in order to have better membership fees.



Member Signature

Date

Please note that your application will not be processed until all the following information is received:

- Application form
- Membership fee
- Information release form

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