



## New Brunswick Kinesiology Association

### STUDENT 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.

Student members should be enrolled (part-time or full-time) in an undergraduate or graduate degree program in the field of kinesiology. Student members will have the right to attend all meetings of the members of the corporation and will have a voice therein but will not have the right to vote.

**Student memberships are free of charge.** Please send a copy of your student ID card along with your application via email.

#### PERSONAL INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of University: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Education Level: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please submit a copy of your student ID or proof of enrollment along with your application.**

- 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) \_\_\_\_\_

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



## 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.

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Member Signature

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Date

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

- Application form

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- Information release form
- a copy of your student ID or proof of enrollment

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