



American Kinesiology Association 2008 Annual Membership Form

Member Information

Department Head/ Chair: _____

Institution Name: _____

Department Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Telephone: ____ () _____ Extension: _____

Fax: ____ () _____

Department Head/Chair Email: _____

Department website address: _____

Department Statistics (specific to Kinesiology):

of faculty*: ____ # of undergraduate majors: ____ # of Masters students: ____ # of doctoral students: ____

*Please count only faculty who teach courses in kinesiology (and related titles like exercise science/sport science/human performance/physical education); also, count all teaching in this area by calculating "Full-Time Equivalent Faculty" using your institution's definition of that (include graduate teaching assistants in the count).

Membership Categories (select one)

- \$900 Doctoral Degree Granting Department
- \$500 Master's Degree Granting Department
- \$300 Undergraduate Degrees and Programs

Payment Method

Institutional Check in US\$ Visa MasterCard American Express Purchase Order

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