

Annual Membership Form

(Join online at www.AmericanKinesiology.org)



Department Head/Chair: _____

Institution Name: _____

Department Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Telephone: _____ Extension: _____

Department Head/Chair Email: _____

Department website address: _____

Department Statistics (specific to Kinesiology):

of faculty*: ____ # of undergraduate majors: ____ # of Masters students: ____ # of doctoral students: ____
____ HBCU Institution ____ HSI Institution

*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 the option that corresponds to the highest degree offered in your department)

- \$900 Doctoral Degree Granting Department
- \$500 Master's Degree Granting Department
- \$300 Bachelor's Degree Granting Department
- \$150 Associate's Degree Granting Department

Note: If you would like to renew for multiple years, please indicate the number of years **here:** _____

Payment Method

Institutional Check in US\$ Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ 3 digit security code: _____

Zip Code for Billing on Card: _____ Name on Card: _____

To join or renew, mail your payment to:
American Kinesiology Association
Attn: Kim Scott

P.O. Box 5076, Champaign, IL 61825-5076, USA
Secure Fax: (217) 351-1549

Questions: Call Kim Scott at 1 (800) 747-4457 ext. 2234, (217) 403-7545, or email kims@hkusa.com