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 web site 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, sport management, athletic training); also, count all teaching in this area by calculating "Full-Time Equivalent Faculty" using your institution's definition.

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  ☐ ACH

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 721, Mahomet, IL  61853, USA
Secure Fax: (217) 590-0528
Questions: email Kim Scott KimScott@AmericanKinesiology.org