

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, 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