

NLKA STUDENT MEMBERSHIP APPLICATION For Memorial University Bachelor of Kinesiology Students

Please complete **Section A** of this application, scan and email it along with a copy of your Memorial University Student Identification card to the following: president@nlka.ca; secretary@nlka.ca; treasurer@nlka.ca

No fee is required to join as a Student Member.

Thank you for your interest in The Newfoundland and Labrador Kinesiology Association!.

Section A:

PERSONAL INFORMATION: (Please Print Clearly)

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred Mailing Address: Home

Email Address (mandatory): _____

I would be willing to let my name stand for a volunteer position.

I would be interested in presenting at an NLKA event.

EDUCATIONAL HISTORY:

Year of Graduation: _____ Degree to be Awarded: _____

Program Studying: _____

Membership to other Associations: _____

Last School Attended: _____

Year of Graduation: _____ Degree Awarded: _____

Program Studied: _____

Other School Attended: _____

Year of Graduation: _____ Degree Awarded: _____

Program Studied: _____