

*Please, complete this form and return with payment. The receipt part will be returned to you. Current members renewing their membership **only need to write their name and sign.***



**Hellenic-Canadian Academic Association of Ontario (HCAAO)**

Ελληνοκαναδική Ένωση Πανεπιστημιακών του Οντάριο (ΕΚΕΠΟ)  
 c/o Prof. Panagiota Klentrou, Department of Kinesiology,  
 Brock University, St. Catharines, Ontario L2S 3A1, Canada,  
 tel: 905 688 5550 x4538, e-mail: nklentrou@brocku.ca  
 http://www.hcaao.org

**Membership application or renewal**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Work address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ URL: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Area(s) of specialization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$30

Signature: \_\_\_\_\_

----- the part below will be completed by HCAAO and returned to the member -----



**Hellenic-Canadian Academic Association of Ontario (HCAAO)**

Ελληνοκαναδική Ένωση Πανεπιστημιακών του Οντάριο (ΕΚΕΠΟ)  
 c/o Prof. Panagiota Klentrou, Department of Kinesiology,  
 Brock University, St. Catharines, Ontario L2S 3A1, Canada,  
 tel: 905 688 5550 x4538, e-mail: nklentrou@brocku.ca  
 http://www.hcaao.org

**Receipt**

The Hellenic-Canadian Academic Association of Ontario has received from \_\_\_\_\_  
 the amount of \$30 as a membership fee for the period expiring on the 31st of December 2018.

Date: \_\_\_\_\_

Received by: Prof. Panagiota Klentrou  
 Treasurer

Signature: \_\_\_\_\_