

Canadian Organization of Campus Activities
School Membership Application - Central Regional Conference
 (For Non-Member Colleges & Universities)

School Name _____

Campus Name (if applicable) _____

Name of Assn. (or College Dept.) _____

Mailing Address _____

(city)

(province)

(postal code)

General Assn Tel _____ Ext _____ Fax _____

General Assn. E-mail _____ Website _____

List **up to 5** contacts involved with programming. These will be listed in the Membership Directory.
 (* N.B. The 1st name listed will be your primary COCA delegate and will receive official COCA mail.)

* **1. Name** _____ Title _____

Tel. _____ Ext _____ E-mail _____

2. Name _____ Title _____

Tel. _____ Ext _____ E-mail _____

3. Name _____ Title _____

Tel. _____ Ext _____ E-mail _____

4. Name _____ Title _____

Tel. _____ Ext _____ E-mail _____

5. Name _____ Title _____

Tel. _____ Ext _____ E-mail _____

Membership Fees: *Payment must accompany application form. N.B. All representatives of your school who attended the COCA National Conference in June will receive copies of general COCA mail for the next year. There is no need to pay the \$25 for these individuals to receive their personal copy of the Membership Directory.*

Multiple Memberships: *Additional Memberships (same institution – different dept. or campus) are available as *Voting Memberships (\$300) or Non-Voting Memberships (\$175). Please use separate copy of this form for each.*

School Membership Fees CAD \$ 300.00*

Pls. Fax a Copy of this Form to COCA

Additional Contacts in your Office

Fax; 519-681-4328

to receive COCA mail: _____ @ \$25= + _____

Then Return this form to the Conference Host

[Check name(s) above.]

along with your Conf. Registration Form

Subtotal Cdn. \$ _____

Add GST tax (5% of subtotal) + _____

Total Amount Enclosed Cdn. \$ _____

N.B. If you are submitting this form along with a **Conference Registration Form**, please transfer "Subtotal" above (before GST), to the COCA Membership Fees line of the School Member Registration Form. GST will be added on that form.

For Further Information:

(P.T.O.) ^

Tel: (519) 690-0207 **Fax:** (519) 681-4328 **E-mail:** cocaoffice@coca.org **Website:** www.coca.org

**Canadian Organization of Campus Activities
School Membership Application (cont'd)
Campus Information**

(For Colleges & Universities - Page 2 of 2)

School Name _____

Campus Name (if applicable) _____

Campus Enrolment (Approximate)			
Full Time:		Part Time:	

Campus Venue Name	Type	Capacity	Liquor Lic. (Y/N)
1.			
2.			
3.			
4.			
5.			
6.			

Campus Newspaper Information			
Paper Name:		Ed. Name:	
Phone:		Fax:	
		Publ'n Freq:	
		E-mail:	

Campus Radio Station Information			
Call Letters:		Mgr. Name:	
Phone:		Fax:	
		Radio Freq:	
		E-mail:	

Number of Campus Events Per School Year			
Music:		Special Trips:	
Variety:		Awareness Events:	
Comedy:		Film:	
Lecture:		Orientation (Y/N):	
		Homecoming (Y/N):	
		Winter Week (Y/N):	
		Other Annual Event:	

Person Authorized to Make Contract Offers on behalf of your School:	
Name:	Title:
:	:

Person Authorized to Sign Contracts on behalf of your School:	
Name:	Title:
:	:

Name of Person Completing this Form

_____ (Name) _____ (Title/Position) _____ (Today's Date)

(P.T.O.) ^

Note: Both pages 1 and 2 of this form must be completed and sent with payment. Thank you.

N.B. If you are submitting this form along with a Conference Registration form, please transfer "Subtotal" above (before GST), to the COCA Membership Fees line of the School Member Conference Registration. GST will be added on that form.