

## Associate Membership - Artists Application Form

For Artists – music, comedy, variety, lecture, etc.  
(Companies – please use company application form)

Page 1 of 2

Name of Act \_\_\_\_\_

Mailing Address \_\_\_\_\_

Company Tel \_\_\_\_\_ (city) \_\_\_\_\_ (province / state) \_\_\_\_\_ (postal code)  
Ext \_\_\_\_\_ Fax \_\_\_\_\_

Company Email \_\_\_\_\_

Web 1 \_\_\_\_\_ Web 2 \_\_\_\_\_

List **1 or 2** contacts for your act – **please**, only those who deal with campus programmers.  
(\* N.B. The 1<sup>st</sup> name listed will be your primary COCA delegate and will receive official COCA mail.)

\* **1. Name** \_\_\_\_\_ Title \_\_\_\_\_

Tel. \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

N.B. Primary contact automatically listed in Membership Directory, receives COCA email, and is added to COCA List Serve.

**2. Name** \_\_\_\_\_ Title \_\_\_\_\_

Tel. \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

Check if applicable: 1. Name appears in Directory  2. Receives COCA email  3. Added to COCA List Serve

**Your Message** for The Directory (max 25 words): \_\_\_\_\_

N.B. Be sure to **check the category** in which your message will appear. See page 2 of this form.

**How did you hear about COCA** (or who referred you)? \_\_\_\_\_

**References:** This application must be approved by the COCA Board of Directors who now require 2 references for each **NEW** Membership Application. Please list references with phone numbers below. We prefer COCA members as references but trade and professional references are fine. **Print:** Name, Company, Phone & Email

**1. Name** \_\_\_\_\_ Company \_\_\_\_\_

Tel. \_\_\_\_\_ Ext \_\_\_\_\_ E-mail \_\_\_\_\_

**2. Name** \_\_\_\_\_ Company \_\_\_\_\_

Tel. \_\_\_\_\_ Ext \_\_\_\_\_ E-mail \_\_\_\_\_

Annual Associate Fee for Artists CAD \$ 150.00  
(includes Web link from COCA site)

Extra Directory Categories: \_\_\_\_\_ @ \$25 + \_\_\_\_\_  
(see page 2)

**Sub Total** CAD \$ \_\_\_\_\_

**Add: Federal / Ontario HST tax** + 13% \_\_\_\_\_

**Total** CAD \$ \_\_\_\_\_

Please make cheque payable to:  
"C.O.C.A." and return to:

**C.O.C.A.**  
509 Commissioners Rd. W., Suite 202  
London ON N6J 1Y5

**(Sorry – this tax is not optional!)**

(HST # 87208 5493 RT0001)

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

**Note 2:** If you are paying by credit card, please complete the credit card authorization form and fax or mail it with pages 1 and 2 of this membership application.

**Note 3:** If you are submitting this form along with a **Conference Registration Form**, please transfer "Subtotal" above (before HST tax), to the COCA Membership Fees line of the Associate Conference Registration Form. HST will be added on that form.

**(P.T.O.) ^**

