

School Name \_\_\_\_\_

Campus Name (if applicable) \_\_\_\_\_

Student Assn. or Dept. Name \_\_\_\_\_

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

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

General Assn./Dept. E-mail \_\_\_\_\_

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

List **up to 5** contacts involved with campus activities (clubs, marketing, entertainment, pub, speakers, orientation, etc.) \* N.B. The 1<sup>st</sup> name listed will be your primary COCA delegate and will receive official COCA mail.

Additional contact names can be added at a cost of \$25 each. (List additional names on separate sheet.)

\* **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 all applicable: 1. Name appears in Directory  2. Receives COCA email  3. Added to COCA List Serve

**3. Name** \_\_\_\_\_ Title \_\_\_\_\_

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

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

**4. Name** \_\_\_\_\_ Title \_\_\_\_\_

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

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

**5. Name** \_\_\_\_\_ Title \_\_\_\_\_

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

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

**Membership Fees:** *Payment must accompany application form.*

**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.*

Annual School Membership Fee CAD \$ 300.00

Additional Names (#6, 7, + ) listed

under this Membership: \_\_\_\_\_ @ \$25 + \_\_\_\_\_

(list names on separate sheet)

**Sub 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

**Add: Federal / Ontario HST tax** + 13% \_\_\_\_\_ **(Sorry – this tax is not optional!)**

**Total** CAD \$ \_\_\_\_\_ (HST # 87208 5493 RT0001)

**N.B.** 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 on the School Members Conference Registration Form. HST will be added on that form.

**For Further Information:**

**Tel:** (519) 690-0207 **Fax:** (519) 681-4328 **Web:** www.coca.org **Email:** via website “Contact”

**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 (e.g. multipurpose, etc.)	Capacity	Liquor Lic. (Y/N)
1.			
2.			
3.			
4.			
5.			
6.			

Campus Newspaper Information			
Paper Name:		Ed. Name:	
Phone:		Fax:	
		Publ'n Freq.:	
		Email:	

Campus Radio Station Information			
Call Letters:		Mgr. Name:	
Phone:		Fax:	
		Radio Freq.:	
		Email:	

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

Person Authorized to Make Contract Offers on behalf of your Association or Dept.:			
Name:		Title:	
Name:		Title:	

Person Authorized to Sign Contracts on behalf of your Association or Dept.:			
Name:		Title:	
Name:		Title:	

**Name of Person Completing this Form**

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title/Position) \_\_\_\_\_ (Today's Date)

**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 on the School Members Conference Registration Form. HST will be added on that form.

**(P.T.O.) ►**