

Canadian Organization of Campus Activities
School Membership Renewal
(For Colleges & Universities - Page 1 of 2)

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 campus activities. 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*

Additional Contacts in your Office
to receive COCA mail: _____ @ \$25= + _____
[Check name(s) above.]

Subtotal Cdn. \$ _____

Add GST tax (6% of subtotal) + _____

Total Amount Enclosed Cdn. \$ _____

Return this form to: COCA
Canadian Organization of Campus Activities
509 Commissioners Rd W, Suite 202
London ON N6J 1Y5

Please make cheque payable to: **C.O.C.A.**
(GST # 87208 5493 RT0001)

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.

For Further Information:

(P.T.O.) ^

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

Canadian Organization of Campus Activities
 School Membership Renewal (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:	E-mail:

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

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

N.B. This form must be completed and sent with payment and page 1 of your renewal. (P.T.O.) ^

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.

Canadian Organization of Campus Activities
Credit Card Authorization Form

Please complete this general credit card authorization form if you wish to make payment to COCA by credit card.

Do NOT email this form to COCA.
Rather, send to COCA ONLY by mail or fax.

Mailing address:

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

Tel: 519-690-0207

Fax: 519-681-4328

This Payment is for:

Membership Fees Conference Registration Both Membership & Conference

Other – please indicate: _____

Total Amount You are Paying by Credit Card: CAD \$ _____

Credit Card Details:

Visa MasterCard Amex

Card #: _____

Expiry Date: _____

Name on Card: _____

Authorization:

Authorized Signature: _____

Your signature authorizes COCA to charge the “Total Amount” above to your credit card.

N.B. Please keep a copy of this form for your records. Thank you.