

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 or to the COCA National Conference 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

Name of Member

(school, company or act): _____

This payment is for (check all that apply):

Membership Fees Conference Registration Advertising

Other – please indicate: _____

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

Amount of GST tax included in Total: CAD \$ _____

Credit Card Details:

Visa MasterCard Amex

Name on Card: _____

Card #: _____

Expiry Date: _____

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.