

School Name _____
 Campus Name (if applicable) _____
 Student Assn. or Dept. Name _____
 Mailing Address _____
 City _____ Prov/State _____ Code _____
 General Tel _____ Ext _____ Fax _____
 General Assn./Dept. E-mail _____
 Web 1 _____ Web 2 _____
 Facebook _____ Twitter _____

List **up to 5** contacts involved with campus activities (clubs, marketing, entertainment, speakers, orientation, etc.)
 (* N.B. The 1st 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 and must agree to receive COCA mass email.

2. Name _____ Title _____
 Tel. _____ Ext _____ Email _____
 Check if applicable: 1. Name appears in Directory 2. Receives COCA mass email

3. Name _____ Title _____
 Tel. _____ Ext _____ Email _____
 Check if applicable: 1. Name appears in Directory 2. Receives COCA mass email

4. Name _____ Title _____
 Tel. _____ Ext _____ Email _____
 Check if applicable: 1. Name appears in Directory 2. Receives COCA mass email

5. Name _____ Title _____
 Tel. _____ Ext _____ Email _____
 Check if applicable: 1. Name appears in Directory 2. Receives COCA mass email

Membership Fees: *Payment must accompany application form.*

Multiple Memberships: *Additional Memberships (same institution – different dept. or campus) are available as *Voting Memberships (\$350) or Non-Voting Memberships (\$205). Please use separate copy of this form for each.*

Annual School Membership Fee CAD \$ 350.00 Additional Names (#6, 7, +) listed under this Membership: _____ @ \$25 + _____ (list names on separate sheet) <p style="text-align: right;">Sub Total CAD \$ _____</p>	Please make cheque payable to: Canadian Org'n of Campus Activities – return to: COCA, 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 tax), to the Membership Fees line of the School 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 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 (e.g. multipurpose, etc.)	Capacity	Liquor Lic. (Y/N)
1.			
2.			
3.			
4.			
5.			

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

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

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

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

Name of Person Completing this Form

_____ (Print 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 send it with this membership application.

Note 3: If you are submitting this form along with a **Conference Registration Form**, please transfer "Subtotal" above (before tax), to the Membership Fees line of the School Conference Registration Form.

(P.T.O.) ►