



CUCCOA
312 Oakwood Court
Newmarket, ON L3Y 3C8
Tel: 905-954-0102
Fax: 905-895-1630
Email: inquiries@cuccoa.org
Website: www.cuccoa.org

CUCCOA MEMBERSHIP APPLICATION

To cover the full voting membership in The Canadian University and College Conference Organizers Association (CUCCOA), for the term of one year, effective January 01 – December 31.

Total Membership Fee Payable: \$400.00 plus GST/HST (per province of operations)
(NOTE PRO-RATED AFTER JULY 1 TO \$200.00 + GST/HST (per province of operations))

MEMBER INFORMATION

Institution: _____
 Address: _____
 City, Province: _____
 Postal Code: _____
 Website: _____

CONTACT INFORMATION

Institution Representative: _____
 Title: _____
 Telephone: _____ Ext _____
 Fax: _____
 Email: _____

FACILITY INFORMATION

Transient Accommodation Available? *(Yes/No only please)* _____
 Breakfast Included? *(Yes/No only please)* _____
 Number of Single/Double Beds? *(Single: #, Double: #, Other: #)* _____
 Largest Room Block: *(# only please)* _____
 Number of Meeting Rooms, Largest *(# , # people plenary style)* _____
 Trade Show Space Available? *(Yes/No only please)* _____
 On-Site Catering Available? *(Yes/No only please)* _____
 Nearest Airport Distance *(KM)* _____
 Meeting Space AND Accommodation Available Year-Round? *(Yes/No only please)* _____

Memberships Held or Industry Organizations that you are involved with – *please check all that apply:*

- | | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> ACCED-I | <input type="checkbox"/> IMPAC | <input type="checkbox"/> OMCA |
| <input type="checkbox"/> ACUHO-I | <input type="checkbox"/> ISES | <input type="checkbox"/> PCMA |
| <input type="checkbox"/> CAEM | <input type="checkbox"/> Local CVB | <input type="checkbox"/> Provincial Tourism |
| <input type="checkbox"/> CSAE | <input type="checkbox"/> MPI | Organization |
| <input type="checkbox"/> IACCA | | OTHER _____ |

Please make cheques payable to **CUCCOA – IN TRUST** and forward to:
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