



BRITISH COLUMBIA ORGANIZATION OF CARIBBEAN CULTURAL ASSOCIATIONS

Email: secretary@bcocca.ca

BCOCCA'S APPLICATION FORM FOR MEMBERSHIP

I/We _____

apply for membership in the British Columbia Organization of Caribbean Cultural Associations (BCOCCA).

In the event of being accepted as a member of BCOCCA.

I/We agree to be bound by the provisions of the Constitution and Bylaws of BCOCCA including any variations to those provisions which may be made from time to time.

I/We enclose a cheque in the amount of \$ _____ to cover the membership fee if accepted, which shall be payable annually thereafter.

DATED this _____ day of _____ 20_____

SIGNED: _____

NAME / ORGANIZATION _____

TITLE: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ FAX: _____

CORPORATION NUMBER: _____

Eligibility Criteria for Membership is as per BCOCCA's Constitution and Bylaws.
Membership types:

- Principal Members Associate Members Individual Members (*By invitation*)

Please check one box.

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For BCOCCA'S use only

Application Reviewed by BCOCCA

- Accepted Rejected

Date: _____

President's Signature