

COCMA Membership Application

Date _____

Chapter: MO IL (please circle)

Organization Name _____

Mailing Address _____

Members' Names	Position / e-mail
1. _____	_____
2. _____	_____
Double Membership	
3. _____	_____
4. _____	_____

Contact information

Phone () _____ Alternate number () _____

Fax () _____

Link Membership

As a Link Member you can add a link to your organization's website to the COCMA Members Searchable Directory at www.COCMA.org.

_____ Yes, please make us a Link Member

_____ No, we do not wish to be Link Members at this time

Your Website

Address: _____

Dues

**\$50.00 per organization/ Location
Additional \$25.00 for Link Membership**

**(Maximum of 2 representatives per membership)
An organization may have up to 2 memberships.**

THIS FORM MUST ACCOMPANY THE PAYMENT

**Checks must be payable to: COCMA or Continuum of Care marketing Association
Dues should be paid at the first meeting of the year (no later than the second meeting).**

Mailing addresses are available on Members page on www.COCMA.org for specific chapter treasurers.

PLEASE SAVE A COPY FOR YOUR RECORDS

-----Office Use only-----

Form of Payment ___ Corporate Check ___ Personal Check ___ Cash