



ONTARIO ASSOCIATION OF COMMITTEES OF
ADJUSTMENT AND CONSENT AUTHORITIES

OFFICE USE ONLY
MEMBERSHIP CARD NO. _____

MEMBERSHIP APPLICATION FORM

NAME OF APPLICANT: Mr. _____
Mrs. _____
Miss _____ (first) _____ (initial) _____ (last)

NAME OF COMMITTEE: _____

BUSINESS ADDRESS: _____
_____ POSTAL CODE _____

TELEPHONE NO(S): Bus: _____ Fax: _____
Email: _____

HOME ADDRESS: _____
_____ POSTAL CODE _____

TELEPHONE NO(S): Home: _____ Fax: _____
Email: _____

Please indicate your contact preference Business: Home:

POWERS OF COMMITTEE: Both Consent & Minor Variance
Consents Only
Variances Only

Secretary-Treasurer Consent Official New Member
Assistant Secretary-Treasurer Member ASSOCIATE MEMBER

2008 MEMBERSHIP FEE:

Active Members \$110.00
Associate Members \$120.00

***** ADVISORY: Information used for OACA purposes only. *****

PLEASE MAIL APPLICATION AND MEMBERSHIP FEE TO:

OACA, c/o Linda Gavey, P.O. Box 568, CAYUGA, On NOA 1E0