



# 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:

Please indicate Newsletter preference Regular Mail:  Email:

POWERS OF COMMITTEE: Consents & Minor Variances

Consents Only

Variances Only

Secretary-Treasurer  ASSOCIATE MEMBER

Assistant Secretary-Treasurer  Member

Consent Official  New Member

2010 MEMBERSHIP FEE: Active Members Associate Members

\$110.00 \$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