



COAA Educator Membership Application

Name: _____ Current Courses Taught : _____
 Title: _____
 Institution: _____
 Mailing Address: _____

 City: _____ State: _____ Zip: _____
 Email: _____
 Phone: _____
 Fax: _____ # Students per course _____

Does your institution have a construction degree curriculum? Yes No

Note: New memberships acquired November 1 - April 30 shall renew January 1 each year. New memberships acquired May 1 - October 31 shall renew July 1 each year.

EDUCATOR MEMBERSHIP.....\$80.00

Payment Information (COAA FEIN #58-2127489)

Check Enclosed made payable to COAA (US Funds only) MasterCard Visa American Express

Card Number: _____

Expiry: ____ / ____ Name as it appears on Card: _____

Signature: _____

How did you learn about COAA? _____

What COAA benefits led you to join? _____

Mail completed application with payment to:

Construction Owners Association of America
 2859 Paces Ferry Road SE
 Overlook III, Suite 445
 Atlanta, GA 30339
 coaa@coaa.org
 (770) 433-0820 office
 (800) 994-2622 toll free
 (404) 577-3551 fax