

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2016

How/from whom did you hear about CCI?: _____

CONDOMINIUM CORPORATION MEMBERSHIP

PLEASE COMPLETE ALL AREAS Townhouse Apartment Style Other _____

Condominium No.: _____ **No. of Units:** _____ **Registration Date:** _____

Management Company: _____ **Contact Name:** _____

Address: _____ **Suite #:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: () _____ **Fax:** () _____

Email: _____

Condo Corporation Address: _____ **Suite #:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: () _____ **Fax:** () _____

Email: _____

President: _____
Name Address/Suite Email

Treasurer: _____
Name Address/Suite Email

Director: _____
Name Address/Suite Email

Please forward all correspondence to: Management Company address Condo Corporation address

Fee: **1-49 Units** \$130.00 + \$16.90 HST = \$146.90 **150-249 Units** \$195.00 + \$25.35 HST = \$220.35
 50-149 Units \$170.00 + \$22.10 HST = \$192.10 **250 + Units** \$210.00 + \$27.30 HST = \$237.30

INDIVIDUAL MEMBERSHIP

Name: _____

Address: _____ **Suite #:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: () _____ **Fax:** () _____ **Email:** _____

Fee: \$85.00 + \$11.05 HST = \$96.05

This section must be completed in order for the membership application to be processed. CCI communicates with its membership via e-mail regarding updates on condominium legislation, CCI events and opportunities, newsletters, and member communications; in accordance with the Canada anti-spam law that came into effect July 1, 2014 you must indicate whether you wish to receive electronic correspondence from us.

I AGREE to receive electronic correspondence I DO NOT wish to receive any electronic correspondence

Signature _____ Date _____

METHOD OF PAYMENT:

Cheque Charge to:   HST # 89966 7364 RT0006

Card #: _____ **Exp Date:** ____/____/____

Signature: _____

PLEASE NOTE: Charges will appear on your credit card statement as Association Concepts Inc.

Cheques should be made payable to:



Canadian Condominium Institute - Ottawa & Area Chapter
P.O. Box 32001, 1386 Richmond Road, Ottawa, ON K2B 1A1
Tel: 613-755-5145 • Fax: 613-755-4086
Email: cciottawa@cci.ca • Website: cci-ottawa.ca

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PROFESSIONAL MEMBERSHIP

Name: _____	Occupation: _____	
Company: _____		
Address: _____	Suite #: _____	
City: _____	Province: _____	Postal Code: _____
Phone: () _____	Fax: () _____	
Email: _____	Website: _____	
Fee: <input type="checkbox"/> \$220.00 + \$28.60 HST = \$248.60		

BUSINESS PARTNER MEMBERSHIP



Company: _____		
Name: _____	Industry: _____	
Address: _____	Suite #: _____	
City: _____	Province: _____	Postal Code: _____
Phone: () _____	Fax: () _____	
Email: _____	Website: _____	
Fee: <input type="checkbox"/> \$220.00 + \$28.60 HST = \$248.60		

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