

Signature:

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

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2016

How/from whom did you hear about CCI?:

LEASE COMPLETE ALL AREAS	☐ Townhouse ☐ Apa	artment Style Other	
Condominium No.:	No. of Units:	Registration Date:	
Management Company:		Contact Name:	
Address:			Suite #:
Dity:	Province:	Postal Code:	
Phone: ()	Fax: ()		
Ēmail:			
Condo Corporation Address:			Suite #:
Dity:	Province:	Postal Code:	
Phone: ()	Fax: ()		
mail:			
President:			
Name	Address/Suite		Email
reasurer:	Address/Suite		Email
Name Please forward all corresponder Fee: 1-49 Units\$		s	5.35 HST = \$220.35
Please forward all corresponder Fee: 1-49 Units \$1	nce to: ☐ Management Company address 130.00 + \$16.90 HST = \$146.90 ☐ 15 170.00 + \$22.10 HST = \$192.10 ☐ 25	0-249 Units \$195.00 + \$25	lress 5.35 HST = \$220.35
Please forward all corresponder Fee: 1-49 Units \$1 50-149 Units \$1	nce to: ☐ Management Company address 130.00 + \$16.90 HST = \$146.90 ☐ 15 170.00 + \$22.10 HST = \$192.10 ☐ 25	0-249 Units \$195.00 + \$25	lress 5.35 HST = \$220.35
Please forward all corresponder Fee: 1-49 Units \$1 50-149 Units \$1	nce to: ☐ Management Company address 130.00 + \$16.90 HST = \$146.90 ☐ 15 170.00 + \$22.10 HST = \$192.10 ☐ 25	0-249 Units \$195.00 + \$25	lress 5.35 HST = \$220.35
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Please forward all corresponder Fee: 1-49 Units \$1 50-149 Units \$1 DIVIDUAL MEMBE Name: Address: Dity: Phone: () Fee: \$85.00 + \$11.05 HST Dissection must be completed in ord	Province: Fax: () Email: = \$96.05 Management Company address 130.00 + \$16.90 HST = \$146.90 15 15 15 15 15 15 15 1	Postal Code: O-249 Units \$195.00 + \$25 Postal Code:	Iress 5.35 HST = \$220.35 5.30 HST = \$237.30 Suite #:
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Please forward all corresponder Fee: 1-49 Units 51	Province: Fax: () Email: \$96.05 For the membership application to be processed events and opportunities, newsletters, and member of dicate whether you wish to receive electronic corresponders.	Postal Code: Postal Code: O-249 Units \$195.00 + \$25 Postal Code:	Iress 5.35 HST = \$220.35 5.30 HST = \$237.30 Suite #:
Please forward all corresponder Fee: 1-49 Units 1-49	Province: Fax: () Email: \$96.05 Province to the membership application to be processed events and opportunities, newsletters, and member of dicate whether you wish to receive a correspondence DO NOT wish to receive a correspondence	Postal Code: Postal Code: CCI communicates with its member communications; in accordance with the ondence from us. Any electronic correspondence	Iress 5.35 HST = \$220.35 5.30 HST = \$237.30 Suite #:
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Please forward all corresponder Fee: 1-49 Units 50-149 Units 51-149 Units	Province: Fax: () Email: \$96.05 System of the membership application to be processed events and opportunities, newsletters, and member of dicate whether you wish to receive electronic correspondence Do NoT wish to receive a Date D	Postal Code: Postal Code: Col communicates with its member communications; in accordance with the ondence from us. Pany electronic correspondence	Iress 5.35 HST = \$220.35 5.30 HST = \$237.30 Suite #:

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



MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2016

How/from whom did you hear about CCI?: PROFESSIONAL MEMBERSHIP Name: Occupation: Company: Suite #: Address: Province: Postal Code: City: Fax: (Phone: (Email: Website: **Fee:** \square \$220.00 + \$28.60 HST = \$248.60 **BUSINESS PARTNER MEMBERSHIP** Company: Name: Industry: Address: Suite #: Province: Postal Code: City: Fax: (Phone: (Website: Email: **Fee:** \square \$220.00 + \$28.60 HST = \$248.60 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 _ METHOD OF PAYMENT: Cheques should be made payable to: Charge to:

VISA ☐ Cheque

Exp Date:

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

Card #:

Signature:

HST # 89966 7364 RT0006



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

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