

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2018

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: _____

<i>Name</i>	<i>Address/Suite</i>	<i>Email</i>
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Treasurer: _____

<i>Name</i>	<i>Address/Suite</i>	<i>Email</i>
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Director: _____

<i>Name</i>	<i>Address/Suite</i>	<i>Email</i>
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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

NEW! Complimentary Access: **No Charge**
(This one-time access is for Condominiums that have never held membership in the Chapter. This entitles your condominium to the member rate for all events for the remainder of this membership year. There are no voting rights under this category)

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:  

Card #: _____ Exp Date: / /

Signature: _____

HST # 89966 7364 RT0006

Cheques should be made payable to:



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

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

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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