

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2019

How/from whom did you hear about CCI?:

CONDOMINIUM CORPORATION MEMBERSHIP

MANAGEMENT COMPANY:				
Contact Name:				
Address:		Suite #:		
City: Provi		e: Postal Code:		
Phone:	Fax:	Email:		
	ndence	correspondence Signature: Date:		
CONDO CORPORATION:				
☐ Townhouse ☐ Apartment Style	☐ Other	Board Member 3: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other		
Condo Name/No.:		Name:		
No. of Units:	Registration Date:	Address:		
Address:		City: Province: Postal Code:		
City:	Province: Postal Code:	Email:		
Phone:		☐ I agree to receive electronic correspondence Signature:		
Email:		☐ I DO NOT wish to receive electronic correspondence Date:		
☐ I agree to receive electronic correspo	ndence Signature:	Board Member 4: Mr. Mrs. Ms. Other		
I DO NOT wish to receive electronic correspondence Date:		Name:		
Board Member 1: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other		Address:		
Name:	s. 🗆 ivis. 🗆 Other	City: Province: Postal Code:		
Address:		Email:		
	Province: Postal Code:	☐ Lagree to receive electronic correspondence Signature:		
Email:	Total Code:	☐ I DO NOT wish to receive electronic correspondence Date:		
	ndonos Cignoturos			
	ondence Signature:correspondence Date:	Board Member 5: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other Name:		
		Address:		
Board Member 2: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other		City: Province: Postal Code:		
Name:		Email:		
Address:				
	Province: Postal Code:	☐ I agree to receive electronic correspondence Signature: ☐ I DO NOT wish to receive electronic correspondence Date:		
Email:				
☐ I agree to receive electronic correspondence Signature:		<u>Electronic Correspondence</u> : This section must be completed in order for the membership application to be processed. CCI communicates with its membership		
☐ I DO NOT wish to receive electronic correspondence Date:		via e-mail regarding updates on condominium legislation, CCI events and opportunities, newsletters, and member communications; in accordance with the Canada anti-spam		
		law, you must indicate whether you wish to receive electronic correspondence from us.		
Please forward all correspondent	ce to: Management Company addr	ess Condo Corporation address		
	. \$130.00 + \$16.90 HST = \$146.90	☐ 150-249 Units \$195.00 + \$25.35 HST = \$220.35		
	. \$170.00 + \$22.10 HST = \$192.10	□ 250 + Units \$210.00 + \$27.30 HST = \$237.30		
NEW! Complimentary Access		for Condominiums that have never held membership in the Chapter. This entitles your condom.		
· ·		events for the remainder of this membership year. There are no voting rights under this category		
METHOD OF PAYMENT:		Cheques should be made payable to:		
☐ Cheque Charge to:	VISA MasterCard	Canadian Condominium Institute - Eastern Ontario Chapt		
		P.O. Box 455, 207 Bank Street, Ottawa, Ontario K2P 2N2		
Card #:	Exp Date: /	Tel: 613-755-5415 Fax: 613-755-4086		
Signature:		Email: info@cci-easternontario.ca Website: cci-easternontario.ca		



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MEMBERSHIP TY	PE:	Annual Fee		Fee Owing	
Individual Membership		🗆 \$85.00 + \$	$ \Box $85.00 + $11.05 \text{ HST} = 96.05		
Professional Membership		□ \$220.00 + \$	□ \$220.00 + \$28.60 HST = \$248.60		
Business Partner Membership		□ \$220.00 + \$	│ □ \$220.00 + \$28.60 HST = \$248.60		
CONTACT INFORM	IATION:				
☐ Mr. ☐ Mrs.	☐ Ms. ☐ Other				
Name:					
Company Name (if I	Professional or Business Pa	artner):			
Address:		Suite #:			
City:		Province:	Postal Code:		
Phone:	Fax:	Email:			
Business Website:					
	lates on condominium legisla	the membership application to tion, CCI events and opportunities, other you wish to receive electronic	newsletters, and member comr correspondence from us.		
the Canada anti-spar	receive electronic correspon	idence	eive any electronic corresponde	ence	
the Canada anti-spar	receive electronic correspon		eive any electronic corresponde		
the Canada anti-spar	·				
the Canada anti-span I AGREE to Signature METHOD OF PAYM	ENT:		Cheques should be made p	ayable to: ustitute - Eastern Ontario Chap	
THE Canada anti-span I AGREE to Signature METHOD OF PAYM	ENT:	Date	Cheques should be made p	ayable to: estitute - Eastern Ontario Chap eet, Ottawa, Ontario K2P 2N2 3-755-4086	