

MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 30, 2022

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

CONDOMINIUM CORPORATION MEMBERSHIP

MANAGEMENT COMPANY:

Contact Name: _____

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

I agree to receive electronic correspondence I DO NOT wish to receive electronic correspondence Signature: _____ Date: _____

CONDO CORPORATION:

Townhouse Apartment Style Other _____

Condo Name/No.: _____

No. of Units: _____ Registration Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 1: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 2: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 3: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 4: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 5: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Electronic Correspondence: 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, you must indicate whether you wish to receive electronic correspondence from us.

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

Fee: **1-49 Units** \$65.00 + 8.45 HST = \$73.45

50-149 Units \$85.00 + \$11.05 HST = \$96.05

150-249 Units \$97.50 + \$12.68 HST = \$110.18

250 + Units \$105.00 + \$13.65 HST = \$118.65

METHOD OF PAYMENT:

Cheques should be made payable to:

Canadian Condominium Institute - Eastern Ontario Chapter

78 George Street, Suite 204, Ottawa, Ontario, K1N 5W1

Tel: 1-613-755-514 | Fax: 416-491-1670

Email: info@cci-easternontario.ca | Website: http://cci-easternontario.ca

Use this application for cheque payment ONLY.

Credit Card payments may be done online at:
<https://cci-easternontario.ca/membership/types-of-membership>

HST # 89966 7364 RT0006

MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 30, 2022

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

MEMBERSHIP TYPE:	Annual Fee	Fee Owning
Individual Membership	<input type="checkbox"/> \$42.50 + \$5.23 HST = \$48.03	\$
Professional Membership	<input type="checkbox"/> \$110.00 + \$14.30 HST = \$124.30	\$
Business Partner Membership	<input type="checkbox"/> \$110.00 + \$14.30 HST = \$124.30	\$

CONTACT INFORMATION:

Mr. Mrs. Ms. Other

Name: _____

Company Name (if Professional or Business Partner): _____

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Business Website: _____

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

Signature _____ Date _____

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