

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2024

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 \$145.00 + \$18.85 HST = \$163.82 150-249 Units \$210.00 + \$27.30 HST = \$237.30
 50-149 Units \$185.00 + \$24.05 HST = \$209.05 250 + Units \$225.00 + \$29.25 HST = \$254.25

Complimentary Access: No Charge (This category is for Condominiums that have never held membership in CCI-EO. This entitles your condominium to the member rate for all events for one year. There are no voting rights under this category.)

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: 1-613-688-0655 Fax: 1-416-491-1670
 Email: info@cci-easternontario.ca

Credit card payments are accepted online only at:
<https://cci-easternontario.ca/membership/types-of-membership>

HST # 89966 7364 RT0006

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2024

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MEMBERSHIP TYPE:	Annual Fee	Fee Owning
Individual Membership	<input type="checkbox"/> \$100.00 + \$13.00 HST = \$113.00	\$
Professional Membership	<input type="checkbox"/> \$245.00 + \$31.85 HST = \$276.85	\$
Business Partner Membership	<input type="checkbox"/> \$245.00 + \$31.85 HST = \$276.85	\$

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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