

# MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2025

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, 2025

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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: \_\_\_\_\_

**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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**METHOD OF PAYMENT:**

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