

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2026

How/from whom did you hear about CCI?:

CONDOMINIUM CORPORATION MEMBERSHIP

MANAGEMENT COM	WPANY:			
Contact Name:				
Address:			Suite #:	
City:	Pr	ovince:	Postal Code:	
Phone:	Fax:	Email:		
☐ I agree to receive electr	onic correspondence	ectronic correspondence Signature:	Date:	
CONDO CORPORAT	TION:			
☐ Townhouse ☐ Apar	tment Style Other	Board Member 3:	r. 🗆 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 electron	ic correspondence Signature:	
Email:			☐ I DO NOT wish to receive electronic correspondence Date:	
	onic correspondence Signature:	Board Mombor 4:	r. □ Mrs. □ Ms. □ Other	
☐ I agree to receive electronic correspondence			. — Mrs. — Mis. — Other	
	· ———	Address:		
Board Member 1:		City:	Province: Postal Code:	
Name:		Email:	Trovince. Toolar Code.	
Address:	B : B : 10 !		is sawaanandanaa Sinnatuus	
City:	Province: Postal Code:		ic correspondence Signature:electronic correspondence Date:	
Email:			ologionio con coponacine Date:	
-	onic correspondence Signature:		Board Member 5: Mr. Mrs. Mrs. Other	
☐ TDO NOT wish to recei	ve electronic correspondence Date:			
Board Member 2: Mr. Mrs. Ms. Other		Address:		
Name:		City:	Province: Postal Code:	
Address:		Email:		
City:	Province: Postal Code:	☐ I agree to receive electron	ic correspondence Signature:	
Email:		☐ I DO NOT wish to receive	electronic correspondence Date:	
	onic correspondence Signature: ve electronic correspondence Date:	membership application to via e-mail regarding updates of newsletters, and member com	e: This section must be completed in order for the p be processed. CCI communicates with its membersh on condominium legislation, CCI events and opportunities munications; in accordance with the Canada anti-spamer you wish to receive electronic correspondence from us	
ease forward all corres	spondence to: Management Company a	ddress Condo Corporat	tion address	
ee: 🗌 1-49 Units	\$ \$145.00 + \$18.85 HST = \$163.8	2 150-249 Units	\$210.00 + \$27.30 HST = \$237.30	
□50-149 Hi	nits \$185.00 + \$24.05 HST = \$209.	05 □250 + Units	\$225.00 + \$29.25 HST = \$254.25	

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



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MEMBERSHIP TYP	E:	Annual Fee	Fee Owing	
Individual Members	hip	□ \$100.00 + \$13.00 HS	ST = \$113.00 \$	
Professional Member	ership	□ \$245.00 + \$31.85 HS	ST = \$276.85 \$	
Business Partner M	embership	□ \$245.00 + \$31.85 HS	ST = \$276.85 \$	
CONTACT INFORM	ATIONI			
☐ Mr. ☐ Mrs. Name:	☐ Ms. ☐ Other	Partner):		
Address:	referencial of Business .	, armony.	Suite #:	
City:		Province:	Postal Code:	
Phone:	Fax:	Email:		
Business Website:				
e-mail regarding upda	tes on condominium legis		ssed. CCI communicates with its membership via s, and member communications; in accordance with dence from us.	
☐ I AGREE to receive electronic correspondence ☐ I DO NOT wish to receive any electronic correspondence				
Signature		Date		

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