

MEMBERSHIP APPLICATION

MEMBERSHIP TERM: July 1, 2017 - to June 30, 2018

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: ☐ 1-10 Units - \$75.00 ☐ 11-49 - \$175.00 ☐ 50+ Units - \$225.00

METHOD OF PAYMENT:

Cheques should be made payable to:

Canadian Condominium Institute - Northwestern Ontario Chapter
P.O. Box 10692, Thunder Bay, ON P7B 6V1
Tel: 807-345-5963 • Fax: 807-344-1507 • Email: nwontario@cci.ca
Web: www.cci.ca/nwontario