

MEMBERSHIP APPLICATION

MEMBERSHIP YEAR: JULY 1, 2014 - JUNE 30, 2015

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

■ CONDOMINIUM CORPORATION MEMBERSHIP: *Please complete all areas*

- Townhouse
 High-rise

Condominium No.: _____ No. of Units: _____ Registration Date: _____

Management Company: _____ Contact Name: _____

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: () Fax: () Email: _____

Condo Corporation Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: () Fax: () Email: _____

President: _____

Treasurer: *Name* _____ *Address/Suite* _____ *Email* _____

Director: *Name* _____ *Address/Suite* _____ *Email* _____

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

Annual Fee: \$150.00

■ PROFESSIONAL MEMBERSHIP

Name: _____ Occupation: _____

Company: _____

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: () Fax: () Email: _____

Annual Fee: \$150.00

■ BUSINESS PARTNER MEMBERSHIP

Company: _____

Name: _____ Industry: _____

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: () Fax: () Email: _____

Annual Fee: \$150.00

■ INDIVIDUAL CONDOMINIUM RESIDENT MEMBERSHIP

Name: _____

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: () Fax: () Email: _____

Annual Fee: \$150.00