

# MEMBERSHIP APPLICATION

**MEMBERSHIP TERM: July 1, 2021 - to June 30, 2022**

**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