

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2020

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: **1-19 Units** \$100.00 + \$13.00 HST = \$113.00
 20-49 Units \$135.00 + \$17.55 HST = \$152.55

50-149 Units \$195.00 + \$25.35 HST = \$220.35
 150+ Units \$270.00 + \$35.10 HST = \$305.10

METHOD OF PAYMENT:

Cheques should be made payable to:

Canadian Condominium Institute - Golden Horseshoe Chapter
 Box 37, Burlington, Ontario L7R 3X8
 Tel: 905-631-0124 | 1-844-631-0124
 Fax: 416-491-1670 | Email: admin@cci-ghc.ca

Credit card payments are accepted online only at:
<https://cci-ghc.ca/join-today/become-a-member>

HST # 873960462

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2020

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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"/> Primary - \$350.00 + \$45.50 HST = \$395.50	\$
	<input type="checkbox"/> Associate* - \$200.00 + 26.00 HST = \$226.00 <i>*Secondary individuals from same firm at same mailing address</i>	
Business Partner Membership	<input type="checkbox"/> \$350.00 + \$45.50 HST = \$395.50	\$
	<input type="checkbox"/> Secondary* - \$200.00 + 26.00 HST = \$226.00 <i>*Secondary Location (Same business with multiple locations)</i>	\$

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: _____

What services do you provide?: _____

Will you require a printed version of the *Condo News* or will you view online? Printed Online

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

Signature _____ Date _____

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