

# MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 30, 2019

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** ..... \$50.00 + \$6.50 HST = \$56.50

**20-49 Units** ..... \$67.50 + \$8.78 HST = \$76.28

**50-149 Units** ..... \$97.50 + \$12.68 HST = \$110.18

**150+ Units** ..... \$135.00 + \$17.55 HST = \$152.55

### 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

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HALF YEAR MEMBERSHIP TO JUNE 30, 2019

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MEMBERSHIP TYPE:	Annual Fee	Fee Owning
Individual Membership	<input type="checkbox"/> \$50.00 + \$6.50 HST = \$56.50	\$
Professional Membership	<input type="checkbox"/> Primary - \$175.00 + \$22.75 HST = \$197.75	\$
	<input type="checkbox"/> Associate* - \$100.00 + 13.00 HST = \$113.00 <i>*Secondary individuals from same firm at same mailing address</i>	
Business Partner Membership	<input type="checkbox"/> \$175.00 + \$22.75 HST = \$197.75	\$
	<input type="checkbox"/> Secondary* - \$100.00 + 13.00 HST = \$113.00 <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

**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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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