

# MEMBERSHIP APPLICATION

MEMBERSHIP TERM: July 1, 2018 - 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:  1-49 Units - \$100.00  50+ Units - \$155.00

Cheques should be made payable to:

Canadian Condominium Institute  
Huronia Chapter  
PO Box 95, Barrie, ON L4M 4S9  
Tel/Fax: 705-431-5213  
Email: info@ccihurononia.com

### OFFICE USE ONLY:

Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Authorized by: \_\_\_\_\_

# MEMBERSHIP APPLICATION

MEMBERSHIP TERM: July 1, 2018 - to June 30, 2019

How/from whom did you hear about CCI?: \_\_\_\_\_

MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership	<input type="checkbox"/> \$100.00	\$
Professional Membership	<input type="checkbox"/> \$180.00	\$
Business Partner Membership	<input type="checkbox"/> \$180.00	\$

**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: \_\_\_\_\_

**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 \_\_\_\_\_

Cheques should be made payable to:

**Canadian Condominium Institute**  
**Huronia Chapter**  
PO Box 95, Barrie, ON L4M 4S9  
Tel/Fax: 705-431-5213  
Email: info@ccihurononia.com

**OFFICE USE ONLY:**

Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Authorized by: \_\_\_\_\_