

MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 30, 2018

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 \$82.50 + \$10.72 HST = \$93.22
 50-149 Units \$110.00 + \$14.30 HST = \$124.30

150-249 Units \$165.00 + \$21.45 HST = \$186.45
 250+ Units \$205.00 + \$26.65 HST = \$231.65

METHOD OF PAYMENT:

Cheques should be made payable to:

Canadian Condominium Institute - Grand River Chapter

Box 5, Guelph, ON N1H 6J6

Tel: 226-314-1955 | TF: 1-866-324-2141 | Fax: 416-491-1670

Email: admin@cci-grc.ca | Website: www.cci-grc.ca

Credit card payments are accepted online only at:

<https://cci-grc.ca/join-today>

HST # 899667364

MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 30, 2018

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

MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership	<input type="checkbox"/> \$44.00 + \$5.72 HST = \$49.72	\$
Professional Membership	<input type="checkbox"/> Primary - \$200.00 + \$26.00 HST = \$226.00	\$
	<input type="checkbox"/> Associate* - \$107.50 + 13.97 HST = \$121.47 <i>*Secondary individuals from same firm at same mailing address</i>	
Business Partner Membership	<input type="checkbox"/> \$200.00 + \$26.00 HST = \$226.00	\$

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: _____

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 _____

METHOD OF PAYMENT:

Cheques should be made payable to:

Canadian Condominium Institute - Grand River Chapter
Box 5, Guelph, ON N1H 6J6
Tel: 226-314-1955 | TF: 1-866-324-2141 | Fax: 416-491-1670
Email: admin@cci-grc.ca | Website: www.cci-grc.ca

Credit card payments are accepted online only at:
<https://cci-grc.ca/join-today>

HST # 899667364