

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: **1-49 Units** \$82.50 + \$10.73 HST = \$93.23 **150-249 Units** \$165.00 + \$21.45 HST = \$186.45
 50-149 Units \$110.00 + \$14.30 HST = \$124.30 **250 + Units** \$205.00 + \$26.65 HST = \$231.65

METHOD OF PAYMENT:

Cheques should be made payable to:
Canadian Condominium Institute - Toronto & Area Chapter
 2800 14th Avenue, Suite 210, Markham, Ontario L3R 0E4
 Tel: 416-491-6216 • Fax: 416-491-1670
 Email: info@ccitoronto.org

Use this application for cheque payment ONLY.
 Credit Card payments may be done online at:
www.ccitoronto.org

HST # 89966 7364 RT0001

MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 30, 2019

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"/> Secondary - \$107.50 + 13.98 HST = \$121.48	\$
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: _____

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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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