

# MEMBERSHIP APPLICATION

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** ..... \$165.00 + \$21.45 HST = \$186.45  
 **50-149 Units** ..... \$220.00 + \$28.60 HST = \$248.60

**150-249 Units** ..... \$330.00 + \$42.90 HST = \$372.90  
 **250 + Units** ..... \$410.00 + \$53.30 HST = \$463.30

### METHOD OF PAYMENT:

Cheque Charge to:     HST # 89966 7364 RT0001

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

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  
 Website: www.ccitoronto.org

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MEMBERSHIP TO JUNE 30, 2018

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

MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership	<input type="checkbox"/> \$88.00 + 11.44 HST = \$99.44	\$
Professional Membership	<input type="checkbox"/> Primary - \$400.00 + 52.00 HST = \$452.00	\$
	<input type="checkbox"/> Secondary - \$215.00 + 27.95 HST = \$242.95	
Business Partner Membership	<input type="checkbox"/> \$400.00 + 52.00 HST = \$452.00	\$

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

**METHOD OF PAYMENT:**

Cheque Charge to:     HST # 89966 7364 RT0001

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

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