

# MEMBERSHIP APPLICATION

**HALF YEAR MEMBERSHIP TO JUNE 30, 2021**

(Membership fiscal year commences July 1. Renewals for the upcoming year will be emailed)

Where 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: \_\_\_\_\_

Condo Number: \_\_\_\_\_

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

**Please forward all renewal notices to:**  Management Company address  Condo Corporation address

**Fee:** No. of condo units: \_\_\_\_\_ x \$3.50 = \$ \_\_\_\_\_  Minimum \$50.00  Maximum \$175.00 + GST (5%)

### METHOD OF PAYMENT:

Cheque Charge to:      

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

Name on Card: \_\_\_\_\_ CVC/CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ GST #899667364 RT0003

Make cheques payable to:

**Canadian Condominium Institute  
South Alberta Chapter**

PO Box 38107, Calgary, AB T3K 4Y0  
403-253-9082

Email: admin@ccisouthalberta.com

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## HALF YEAR MEMBERSHIP TO JUNE 30, 2021

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Where did you hear about CCI?: \_\_\_\_\_

MEMBERSHIP TYPE:	Annual Fee	Fee Owning
Individual Membership	<input type="checkbox"/> \$50.00 (+ 5% GST)	\$
Professional Membership	<input type="checkbox"/> \$200.00 (+ 5% GST)	\$
Business Partner Membership	<input type="checkbox"/> \$250.00 (+ 5% GST)	\$

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

**METHOD OF PAYMENT:**

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