

MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 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 - \$112.50 50-100 Units - \$145.00 101-149 Units - \$172.50 150 & Over - \$200.00

NEW! Complimentary Access: No Charge (This one-time access is for Condominiums that have never held membership in the Chapter. This entitles your condominium to the member rate for all events for the remainder of this membership year. There are no voting rights under this category)

METHOD OF PAYMENT:

Cheque Charge to:   
 Card #: _____ Exp Date: ____/____/____
 Card Holder Name: _____
 Signature: _____ Billing Postal Code: _____

Cheques should be made payable to:

Canadian Condominium Institute - Manitoba Chapter
 PO Box 48067 Lakewood PO
 Winnipeg, MB R2J 4A3
 Tel: 204-794-1134 | Email: ccimanitoba@cci.ca
 Website: www.cci-manitoba.ca

MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 2018

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

MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership	<input type="checkbox"/> \$62.50	\$
Professional Membership	<input type="checkbox"/> \$175.00	\$
Business Partner Membership	<input type="checkbox"/> \$200.00	\$
Non-Profit Business Partner Membership	<input type="checkbox"/> \$100.00	\$
Complimentary Access	<input type="checkbox"/> No Charge	

(This one-time access is for Individuals that have never held membership in the Chapter. This entitles you to the member rate for all events for the remainder of this membership year. There are no voting rights under this category)

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: _____

Occupation/Designation (Professional): _____




Industry Description/Services Offered (Business Partner): _____

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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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