

# MEMBERSHIP APPLICATION

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 - \$225.00  50-100 Units - \$290.00  101-149 Units - \$345.00  150 & Over - \$400.00

**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

MEMBERSHIP TO JUNE 30, 2019

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

MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership	<input type="checkbox"/> \$125.00	\$
Professional Membership	<input type="checkbox"/> \$350.00	\$
Business Partner Membership	<input type="checkbox"/> \$400.00	\$
Non-Profit Business Partner Membership	<input type="checkbox"/> \$200.00	\$
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)*

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**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:**

Cheque   Charge to:            

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

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Postal Code: \_\_\_\_\_

*Cheques should be made payable to:*

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