

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2022

NEW MEMBERS: 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 Bare Land Other _____

Condo Name/No.: _____

No. of Units: _____ Registration Date: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Primary Contact: _____

Contact Phone: _____

Contact 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: _____

Position: _____

Address: _____ Suite: _____

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: _____

Position: _____

Address: _____ Suite: _____

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: _____

Position: _____

Address: _____ Suite: _____

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: _____

Position: _____

Address: _____ Suite: _____

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: _____

Position: _____

Address: _____ Suite: _____

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

METHOD OF PAYMENT:

Cheque Charge to:    CV: _____

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, 2022

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

MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership	<input type="checkbox"/> \$75.00	\$
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	\$

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 _____

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