

# MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2023

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

## CONDOMINIUM CORPORATION MEMBERSHIP

### MANAGEMENT COMPANY:

Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 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:**  1-23 units: \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_  Minimum \$50.00  Maximum \$230.00

24-49 Units - \$235.00  50-100 Units - \$300.00  101-149 Units - \$355.00  150 & Over - \$410.00

### 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

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MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership	<input type="checkbox"/> \$50.00	\$
Professional Membership	<input type="checkbox"/> \$375.00	\$
Business Partner Membership	<input type="checkbox"/> \$425.00	\$
Non-Profit Business Partner Membership	<input type="checkbox"/> \$225.00	\$

**CONTACT INFORMATION:**

Mr.  Mrs.  Ms.  Other

Name: \_\_\_\_\_

Company Name (if Professional or Business Partner): \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 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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