

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: **\$5.00 per condo unit in a condo corp.** No. of condo units: _____ x \$5.00 = \$ 0.00

or Minimum \$80.00 Maximum \$225.00

METHOD OF PAYMENT:

Cheques should be made payable to:

Canadian Condominium Institute - Nova Scotia Chapter
#3-644 Portland St., Suite 135, Dartmouth, NS B2W 2M3
Tel: 902-222-4002 • Email: info@ccinova Scotia.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"/> \$85.00	\$ 0.00
Professional Membership	<input type="checkbox"/> \$225.00	\$ 0.00
Business Partner Membership	<input type="checkbox"/> \$225.00	\$ 0.00

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: _____

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.

I AGREE to receive electronic correspondence I DO NOT wish to receive any electronic correspondence

Signature _____ Date _____

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