

# MEMBERSHIP APPLICATION

**MEMBERSHIP TO JUNE 30, 2024**

(Membership fiscal year is from July 1 to June 30)

Where 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:

☐ Low Rise ☐ High Rise ☐ Commercial ☐ Bare Land

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

Condo Number: \_\_\_\_\_

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:

Please forward all renewal notices to:

Management Company address

☐ Management Company address

☐ Condo Corporation address

☐ Condo Corporation address

Fee: No. of condo units: \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_

☐ Minimum \$75.00

☐ Maximum \$275.00

+ GST (5%)

### METHOD OF PAYMENT:

☐ Cheque

Charge to:

☐



☐



☐



Card #: \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

CVC/CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

GST #R99667364 RT0003

Make cheques payable to:

**Canadian Condominium Institute South  
Alberta Chapter**

PO Box 38107, Calgary, AB T3K 4Y0

403-253-9082 Email: admin@ccisouthalberta.com

E-Transfers payable to:

**administrator@ccisouthalberta.com**

Password: **CCISAC2024!**

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**MEMBERSHIP TO JUNE 30, 2024**

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MEMBERSHIP TYPE:	Annual Fee	Fee Owning
Individual Membership	<input type="checkbox"/> \$75.00 (+ 5% GST)	\$
Professional Membership	<input type="checkbox"/> \$325.00 (+ 5% GST)	\$
Business Partner Membership	<input type="checkbox"/> \$425.00 (+ 5% GST)	\$

**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: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

METHOD OF PAYMENT:	
<input type="checkbox"/> Cheque	Charge to: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
Card #:	Exp Date: /
Name on Card:	CVC/CVV Code: _____
Signature:	GST #899667364 RT0003

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 PO Box 38107, Calgary, AB T3K 4Y0  
 403-253-9082 Email: admin@ccisouthalberta.com

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