

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:		
		0	
☐ I agree to receive electronic correspondence ☐ I DO NOT wish to receive	eive electronic correspondence	Signature: Date:	
CONDO CORPORATION:			
☐ Low Rise ☐ High Rise ☐ Commercial ☐ Bare Land		3: Mr. Mrs. Ms. Other	
Condo Name	Name:		
Condo Number:	Address:	Daving and David Carley	
No. of Units: Registration Date:	City: Email:	Province: Postal Code:	
Address:			
City: Province: Postal Code:		h to receive electronic correspondence Signature:	
Phone:		TDO NOT wish to receive electronic correspondence Date.	
Email:	Board Member 4: Mr. Mrs. Ms. Other		
☐ Lagree to receive electronic correspondence Signature:		-	
☐ I DO NOT wish to receive electronic correspondence Date:		B : B : 10 !	
Board Member 1:	City:	Province: Postal Code:	
Name:		Email:	
Address:		eive electronic correspondence Signature:	
City: Province: Postal Code:	: DO NOT wish to receive electronic correspondence Date:		
Email:	Board Member	5: Mr. Mrs. Ms. Other	
☐ I agree to receive electronic correspondence Signature:			
☐ I DO NOT wish to receive electronic correspondence Date:			
Board Member 2: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other	City:	Province: Postal Code:	
Name:	Email:	Email:	
Address:		☐ lagree to receive electronic correspondence Signature:	
City: Province: Postal Code:			
Email:	<u>Electronic Correspondence</u> : This section must be completed in order for the membership application to be processed. CCI communicates with its membership		
☐ I agree to receive electronic correspondence Signature:	newsletters, and i	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 DO NOT wish to receive electronic correspondence Date:	law, you must ind		
Di C. I. II. I. Maragament Come	one oddrese G Condo	Companyation address	
Please forward all <u>correspondence</u> to: Management Comp Please forward all <u>renewal notices</u> to: ☐ Management Comp	•	Corporation address Corporation address	
The New formula weight			
Fee: No. of condo units: x \$5.00 = \$		75.00 ☐ Maximum \$2 75.00 + GST (5%)	
METHOD OF PAYMENT:		Make cheques payable to:	
☐ Cheque Charge to: ☐ VISA ☐ MasterCard ☐	AMERICAN EXPRESS	Canadian Condominium Institute South	
		Alberta Chapter PO Box 38107, Calgary, AB T3K 4Y0	
Card #:	Exp Date: /	403-253-9082 Email: admin@ccisouthalberta.com	
Name on Card: CVC	CVC/CVV Code: E-Transfers payable to:		
Signature:	GST #899667364 RT0003	administrator@ccisouthalberta.com Password: CCISAC2024!	



MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2024

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

Where did you hear about CCI?:

MEMBERSHIP TYPE:	Annual Fee	Fee Owing	
Individual Membership	□ \$75.00 (+ 5% GST)	\$	
Professional Membership	□ \$325.00 (+ 5% GST)	\$	
Business Partner Membership	□ \$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:			
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 □ Dat			
METHOD OF PAYMENT: ☐ Cheque Charge to: ☐ V Card #:	SA	Make cheques payable to: Canadian Condominium Institute South Alberta Chapter PO Box 38107, Calgary, AB T3K 4Y0 403-253-9082 Email: admin@ccisouthalberta.com	
Name on Card:	CVC/CVV Code:	_ E-Transfers payable to: administrator@ccisouthalberta.com	
Signature:	GST #899667364 RT0003	Password: CCISAC2024!	