

# MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2021

## CONDOMINIUM CORPORATION MEMBERSHIP

NEW MEMBER  RENEWAL

### 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 = \$ \_\_\_\_\_

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@ccinovascotia.ca

# MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2021

## PROFESSIONAL, BUSINESS PARTNER, INDIVIDUAL MEMBERSHIP

NEW MEMBER     RENEWAL

### 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 \_\_\_\_\_

### MEMBERSHIP TYPE:

Annual Fee

Fee Owning

Individual Membership

|  \$85.00

| \$

Professional Membership

|  \$225.00

| \$

Business Partner Membership

|  \$225.00

| \$

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