

# MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2018

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

## CONDOMINIUM CORPORATION MEMBERSHIP

PLEASE COMPLETE ALL AREAS  Townhouse  High Rise  Other \_\_\_\_\_

**Condominium No.:** \_\_\_\_\_ **No. of Units:** \_\_\_\_\_ **Registration Date:** \_\_\_\_\_

**Condominium Name:** \_\_\_\_\_

**Management Company:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

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

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

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

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

**Condo Corporation Address:** \_\_\_\_\_ **Suite #:** \_\_\_\_\_

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

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

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

**President:** \_\_\_\_\_  
*Name Address/Suite Email*

**Treasurer:** \_\_\_\_\_  
*Name Address/Suite Email*

**Director:** \_\_\_\_\_  
*Name Address/Suite Email*

**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**

## INDIVIDUAL MEMBERSHIP

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

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

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

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fee:**  Individual Membership . . . . \$85.00

**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 that came into effect July 1, 2014 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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## PROFESSIONAL MEMBERSHIP

<b>Name:</b> _____		Occupation: _____	
Company: _____			
Address: _____			Suite #: _____
City: _____	Province: _____	Postal Code: _____	
Phone: (    ) _____	Fax: (    ) _____		
Email: _____		Website: _____	
<b>Fee:</b> <input type="checkbox"/> Professional Membership . . . . \$225.00			

## BUSINESS PARTNER MEMBERSHIP

<b>Company:</b> _____			
Name: _____		Industry: _____	
Address: _____			Suite #: _____
City: _____	Province: _____	Postal Code: _____	
Phone: (    ) _____	Fax: (    ) _____		
Email: _____		Website: _____	
<b>Fee:</b> <input type="checkbox"/> Business Partner Membership . . . . \$225.00			

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

Cheques should be made payable to: **Canadian Condominium Institute - Nova Scotia Chapter**  
 #3-644 Portland St., Suite 135, Dartmouth, NS B2W 2M3  
 Tel: 902-461-9855 • Fax: 902-461-9858 • Email: info@ccinovascotia.ca