

MEMBERSHIP APPLICATION

January 1 to June 30, 2024

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: _____

Main Contact Name: _____

Email: _____

Board Member 1: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name: _____

Email: _____

Board Member 2: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name: _____

Email: _____

Board Member 3: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name: _____

Email: _____

Board Member 4: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name: _____

Email: _____

Board Member 5: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name: _____

Email: _____

Board Member 6: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name: _____

Email: _____

Board Member 7: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Name: _____

Email: _____

Electronic Correspondence: By providing email address(es) you are consenting to CCI Nova Scotia sending electronic correspondence.

Please forward all correspondence to: ☐ Management Company address ☐ Condo Corporation address

Fee: **\$2.50 per condo unit in a condo corp.** No. of condo units: _____ x \$2.50 = \$ _____

☐ Minimum \$40.00 ☐ Maximum \$112.50

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
Email: ccins.board@gmail.com • Website: www.ccinovascotia.ca

NOTE: Electronic Application and payment can be completed at: <https://ccinovascotia.ca/member-ship/become-a-member-today>

MEMBERSHIP APPLICATION

JANUARY 1 TO JUNE 30, 2024

PROFESSIONAL, BUSINESS PARTNER, INDIVIDUAL MEMBERSHIP

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

☐ \$42.50

| \$

Professional Membership

☐ \$112.50

| \$

Business Partner Membership

☐ \$112.50

| \$

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