

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2027

CONDOMINIUM CORPORATION MEMBERSHIP

NEW MEMBER RENEWAL

MANAGEMENT COMPANY OR PRIMARY CONTACT FOR CORPORATION:

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: **\$5.00** per condo unit in a condo corp. No. of condo units: _____ x \$5.00 = \$ 0.00

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

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

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2027

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

| \$ 0.00

Professional Membership

| \$225.00

| \$ 0.00

Business Partner Membership

| \$225.00

| \$ 0.00

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