

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2022

How/from whom did you hear about CCI?: _____

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: *Any professionally managed or self-managed condominium registered in accordance with the laws of any province of Canada*

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: _____

If more space is needed to add additional directors, please print an additional application page with just the additional directors and submit with the original application page.

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: No. of condo units: _____ x \$5.00 = \$ _____ Minimum \$125.00 Maximum \$300.00

METHOD OF PAYMENT:

Pay with Credit Card

Should you wish to pay by credit card, please call 306-370-6224 to make payment over the phone

Pay by Cheque - Cheques should be made payable to:

Canadian Condominium Institute - North Saskatchewan Chapter
#4 - 3342 Millar Ave., Saskatoon, SK S7K7G9
Email: northsaskatchewan@cci.ca

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2022

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MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership <i>Any individual condominium owner or occupant of a condominium other than a person who would qualify as a professional or business partner.</i>	<input type="checkbox"/> \$90.00	\$
Professional Membership <i>Any Professional providing a service or product to the condominium industry such as law, property management, accounting/auditing, engineering, real estate sales, insurance, appraisal, architecture and land survey.</i>	<input type="checkbox"/> \$250.00	\$
Business Partner Membership <i>Any corporation, partnership, sole proprietorship, government agency, investment firm, lending institution, insurance company, advertising company, development or construction firm, or other business entity involved in the supply of goods or services to the Condominium industry.</i>	<input type="checkbox"/> \$350.00	
Small Business (5 or less employees)	<input type="checkbox"/> \$300.00	\$

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 _____

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