

Application for Membership

- Condominium
 Individual
 Sponsor
 Professional
 Affiliated
- I/We hereby make application for membership with the Canadian Condominium Institute
- _____ Date
_____ Authorizing Signature

**Select membership type above, date and sign.
Please complete the application below in full.**

Condominium or Company Name (No Abbreviations)

Person's Name That Membership Is Held In

Mailing Address:

Street

City

Province Postal Code

Membership Contact Information:

Email

Web Site

Phone Fax

Additional Information For Condominium Applicants

Condominium Building Type

- Low Rise High Rise Mixed

Number of Units

Property Management Company

Name of Company Phone

Municipal Address of Condominium Corporation

Street

City

Alternate Board of Director Contact (Necessary to ensure communication with members)

Name Position

Street

City

Province Postal Code

Email

Phone

Please note that incomplete applications will be returned.

Membership Payment

Please indicate payment:

Fee _____

GST _____

Total Due _____

Payment Method

Cheque **VISA**

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Expiry (mm/yy) _____

Card Holder Name: _____

VISA Authorization Date

I authorize the above transaction to be charged to the VISA account listed.

Please make cheques payable to the:
CCI – Golden Horseshoe Chapter.

Ambassador Program

Referred By (Name of Sponsor/Professional Member)

First Year Program

I have included a copy of the land titles registration certificate showing registration within one year of today's date. Membership will become effective for the current year at no cost.

CCI Helper

I am interested in contributing articles, or speaking at courses and seminars. Please contact me.

CCI Use Only – Processing Dates:

Accounting: _____ Database _____

Anniversary Date: _____