

# MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2024

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

## CONDOMINIUM CORPORATION MEMBERSHIP

### MANAGEMENT COMPANY:

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suite #: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

☐ I agree to receive electronic correspondence ☐ I DO NOT wish to receive electronic correspondence

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CONDO CORPORATION:

☐ Townhouse ☐ Apartment Style ☐ Bare Land ☐ Other \_\_\_\_\_

Condo Name/No.: \_\_\_\_\_

No. of Units: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact 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: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_

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: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_

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

☐ I agree to receive electronic correspondence Signature: \_\_\_\_\_

☐ I DO NOT wish to receive electronic correspondence Date: \_\_\_\_\_

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

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_

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: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_

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: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_

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:** ☐ 1-23 units: \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_ ☐ Minimum \$50.00 ☐ Maximum \$230.00

☐ 24-49 Units - \$235.00

☐ 50-100 Units - \$300.00

☐ 101-149 Units - \$355.00

☐ 150 & Over - \$410.00

### METHOD OF PAYMENT:

☐ Cheque Charge to: ☐  ☐  ☐  CV: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Postal Code: \_\_\_\_\_

*Cheques should be made payable to:*

**Canadian Condominium Institute -  
Manitoba Chapter**

PO Box 48067 Lakewood PO

Winnipeg, MB R2J 4A3

Tel: 204-794-1134 | Email: ccimanitoba@cci.ca

Website: www.cci-manitoba.ca

# MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2024

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

MEMBERSHIP TYPE:	Annual Fee	Fee Owning
Individual Membership	<input type="checkbox"/> \$50.00	\$
Professional Membership	<input type="checkbox"/> \$375.00	\$
Business Partner Membership	<input type="checkbox"/> \$425.00	\$
Non-Profit Business Partner Membership	<input type="checkbox"/> \$225.00	\$

**CONTACT INFORMATION:**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

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

Company Name (if Professional or Business Partner): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

Occupation/Designation (Professional): \_\_\_\_\_




Industry Description/Services Offered (Business Partner): \_\_\_\_\_

**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 \_\_\_\_\_

**METHOD OF PAYMENT:**

☐ Cheque Charge to: ☐  ☐  ☐  CV: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Postal Code: \_\_\_\_\_

*Cheques should be made payable to:*

**Canadian Condominium Institute - Manitoba Chapter**

PO Box 48067 Lakewood PO  
Winnipeg, MB R2J 4A3  
Tel: 204-794-1134 | Email: ccimanitoba@cci.ca  
Website: www.cci-manitoba.ca