



MEMBERSHIP APPLICATION

CONDOMINIUM CORPORATION

ccinewfoundland@cci.ca • www.cci.ca/Newfoundland

Membership through June 30, 20__

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

CONDOMINIUM CORPORATION

Condo Name/Number: _____

Number of Units: _____ Registration Date: _____

Development Style: Townhouse Apartment Style Other: _____

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: _____

MANAGEMENT COMPANY (if applicable)

Primary Contact: _____

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: _____

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

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.

BOARD MEMBERS

Board Member 1 Name: _____

Board Member 1 Email: _____

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

Signature: _____ Date: _____

Board Member 2 Name: _____

Board Member 2 Email: _____

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

Signature: _____ Date: _____

Board Member 3 Name: _____

Board Member 3 Email: _____

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

Signature: _____ Date: _____

FEES & PAYMENT

Fees: 1-10 Units - \$100.00
10+ Units - \$125.00

Cheques should be made payable to:
Canadian Condominium Institute - Newfoundland and Labrador Chapter
P.O. Box 23060 Churchill Square, St. John's NL A1B 4J9



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MEMBERSHIP APPLICATION

INDIVIDUAL / PROFESSIONAL / BUSINESS PARTNER

Membership through June 30, 20__

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

MEMBERSHIP TYPE	Annual Fee	Fee Owing
Individual Membership <input type="checkbox"/>	\$75.00	\$
Professional Membership <input type="checkbox"/>	\$125.00	\$
Business Partner Membership <input type="checkbox"/>	\$125.00	\$

CONTACT INFORMATION

Name: _____

Company Name (if Professional or Business Partner): _____

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Business Website: _____

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I agree to receive electronic correspondence.

I DO NOT wish to receive electronic correspondence.

Signature: _____ Date: _____

METHOD OF PAYMENT:

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P.O. Box 23060 Churchill Square, St. John's NL A1B 4J9