

MEMBERSHIP APPLICATION

HALF YEAR MEMBERSHIP TO JUNE 30, 2024

Online Search Social Media (please specify)		Other (please specify)
ONDOMINIUM CORPORATION MEME	REDSHID	
		ompany
Contact Name:		
Address:		Suite #:
City: P	Province:	Postal Code:
Phone:	Email:	
☐ Lagree to receive electronic correspondence ☐ LDO NOT wish to receive elec	estronia correspondence. Six	Date:
Please forward all correspondence to: Management Comp		
		muo corporation address
CONDO CORPORATION INFO:	Number of L	la ita
☐ Townhouse ☐ Apartment Style ☐ Other	Number of U	пць
Condo Name and Number:		
Address:		
City: P	Province:	Postal Code:
Phone:	Email:	
Name:		
Email:	Email:	
☐ I agree to receive electronic correspondence Signature:		I agree to receive electronic correspondence gnature:Date:
Board Member 2:	Board Men	nber 5:
Name:	Name:	
Email:	Email:	
☐ I agree to receive electronic correspondence Signature:		agree to receive electronic correspondence
Board Member 3:	- Sigr	nature:Date:
Name:	Electronic	Correspondence: This section must be completed in order for
Email:	Chapter correspondence to be sent. CCI NAB communicates with its membership via email regarding updates on condominium legislation, Co events and opportunities, newsletters, and member communications; in	
☐ I agree to receive electronic correspondence		
Signature:Date:		with the Canadian anti-spam law. You must indicate whether eceive electronic correspondence from us.
Half Year Fee: ☐ 2-50 Units \$100.00 + \$5.00 G		101-200 Units \$175.00 + \$8.75 GST = \$183.75
□ 51-100 Units \$125.00 + \$6.25	GST = \$131.25 🗆 2	201+ Units \$225.00 + \$11.25 GST = \$236.25
ЛЕТНОD OF PAYMENT:	Chequ	ues should be made payable to:
METHOD OF PAYMENT: ☐ Cheque ☐ Credit Card*	·	ues should be made payable to: dian Condominium Institute - North Alberta Chapter
	Canad #37 1	