

# MEMBERSHIP APPLICATION

FULL YEAR MEMBERSHIP TO JUNE 30, 2027

How/from whom did you hear about CCI? Referral (provide name) \_\_\_\_\_  
 Online Search Social Media (please specify) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

## CONDOMINIUM CORPORATION MEMBERSHIP

**CONDO CORPORATION INFO:**

Townhouse      Apartments      Other      Number of Units

Condo Name / CC Number: \_\_\_\_\_

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

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

Main Contact (Name): \_\_\_\_\_

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

I AGREE to receive electronic correspondence      Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 I DO NOT wish to receive EC (skip signature)

**MANAGEMENT COMPANY INFO: *SKIP IF SELF-MANAGED!***

Management Company Name: \_\_\_\_\_

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

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

Main Contact (Name): \_\_\_\_\_

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

I AGREE to receive electronic correspondence      Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 I DO NOT wish to receive EC (skip signature)

**All Correspondence to Management Company      YES      NO**

**BOARD MEMBERS:**

<p><b>Board Member 1</b></p> <p>Name: _____</p> <p>Email: _____</p> <p>I agree to receive electronic correspondence</p> <p>Signature: _____ Date: _____</p>	<p><b>Board Member 4</b></p> <p>Name: _____</p> <p>Email: _____</p> <p>I agree to receive electronic correspondence</p> <p>Signature: _____ Date: _____</p>
<p><b>Board Member 2</b></p> <p>Name: _____</p> <p>Email: _____</p> <p>I agree to receive electronic correspondence</p> <p>Signature: _____ Date: _____</p>	<p><b>Board Member 5</b></p> <p>Name: _____</p> <p>Email: _____</p> <p>I agree to receive electronic correspondence</p> <p>Signature: _____ Date: _____</p>
<p><b>Board Member 3</b></p> <p>Name: _____</p> <p>Email: _____</p> <p>I agree to receive electronic correspondence</p> <p>Signature: _____ Date: _____</p>	<p><b>Electronic Correspondence:</b> This section must be completed in order for Chapter correspondence to be sent. CCI NAB communicates with its membership via email regarding updates on condominium legislation, CCI events and opportunities, newsletters, and member communications; in accordance with the Canadian anti-spam law. You must indicate whether you wish to receive electronic correspondence from us.</p>

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**Full Year Fee:**       **2-50 Units** \$150.00 + \$7.50 GST = \$157.50       **101-200 Units** \$350.00 + \$17.50 GST = \$367.50  
 **51-100 Units** \$250.00 + \$12.50 GST = \$262.50       **201+ Units** \$450.00 + \$22.50 GST = \$472.50

**METHOD OF PAYMENT:**

Cheque      \*Credit Card      \*e-transfer

*Cheques should be made payable to:*  
 Canadian Condominium Institute - North Alberta Chapter  
 #102, 8925 82 Ave NW, Edmonton, AB T6C 0Z2  
 Tel: 780.453.9004 • Fax: 780.452.9003  
 Email: info@ccinorthalberta.com  
 Website: www.ccinorthalberta.com

\*Office will contact you with payment portal link and further information to make payment online.