

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2022

CONDOMINIUM CORPORATION MEMBERSHIP

MANAGEMENT COMPANY:

Contact name:		
Address:		
City:		Postal Code:
Phone:		Email:
<input type="checkbox"/> I agree to receive electronic correspondence		Signature: Date:

CONDO CORPORATION:

Each Condominium Corporation shall designate a director of the Board to be their "contact director" to receive all notices and communications from CCI. That person can also vote on behalf of the Corporation. The membership and benefits are shared with the owners of the condominium corporation.

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

CORPORATION NAME			
CONTACT DIRECTOR:			
POSITION:			
MAILING ADDRESS:			
EMAIL: By providing your address you agree to receive electronic correspondence from CCI			
	Your Condominium Board Listing		
Directors ' FULL NAMES	UNIT# OR OTHER ADDRESS	POSTAL CODE	EMAIL By providing your address, you agree to receive electronic correspondence from CCI
1.			
2.			
3.			
4.			
5.			

Townhouse Apartment Style Bare Land _ Condo Name: _____ No. Units: _____

Fee: No. of condo units: _____ x \$5.00 = \$ 0.00 Minimum \$100.00 Maximum \$370.00

METHOD OF PAYMENT:

Cheque made payable to: _____

CCI South Sk. Chapter
PO Box 3784, Regina, SK S4P 3N8
Email: cci-ssk@cci.ca

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2022

PROFESSIONAL MEMBERSHIP

Name:	Occupation:	
Company:		
Address:	Suite #:	
City:	Province:	Postal Code:
Phone: ()		
Email:	Website:	
Fee: <input type="checkbox"/> Professional Membership - \$175.00		

BUSINESS PARTNER MEMBERSHIP

Company:		
Name:	Industry:	
Address:	Suite #:	
City:	Province:	Postal Code:
Phone: ()	Fax: ()	
Email:	Website:	
Fee: <input type="checkbox"/> Business Partner Membership - \$ 250.00 Fee: <input type="checkbox"/> Additional locations: \$125.00 Fee: <input type="checkbox"/> Small Business (5 or less employees) \$160.00		

<input type="checkbox"/> I AGREE to receive electronic correspondence <input type="checkbox"/> I DONOT wish to receive any electronic correspondence	
Signature _____	Date _____

METHOD OF PAYMENT:

Cheques should be made payable to: **Canadian Condominium Institute – South Saskatchewan Chapter**
PO Box 3784, Regina, SK. S4P 3N8
Email: cci-ssk@cci.ca