



MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2023

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

PROFESSIONAL MEMBERSHIP

Name:	Occupation:	
Company:		
Address:	Suite #:	
City:	Province:	Postal Code:
Phone: ()		
Email:	Website:	
Fee: <input type="checkbox"/> Professional Membership - \$185.00		

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		

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 that came into effect July 1, 2014 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: Renew your Membership online using your credit card. Simply follow this link: [system-will-mail-merge-the-proper-link](#)

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



MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2023

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.			

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

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

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Email: cci-ssk@cci.ca

NOTE: Electronic application and payment can be completed at: www.cci-southsaskatchewan.ca