

MEMBERSHIP APPLICATION

MEMBERSHIP TO JUNE 30, 2024

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

STRATA CORPORATION MEMBERSHIP

MANAGEMENT COMPANY:

Contact Name: _____

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: _____

STRATA CORPORATION:

Townhouse Apartment Style Other _____

Condo Name/No.: _____

No. of Units: _____ Registration Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 1: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 2: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 3: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 4: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____

I DO NOT wish to receive electronic correspondence Date: _____

Board Member 5: Mr. Mrs. Ms. Other

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I agree to receive electronic correspondence Signature: _____



I DO NOT wish to receive electronic correspondence Date: _____

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.

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

Annual Fee: 1-50 Units: \$25.00 51-100 Units: \$25.00 101-200 Units: \$25.00 201+ Units: \$25.00

METHOD OF PAYMENT:

Cheque Charge to:  

Card #: _____ Exp Date: ____/____/____

Signature: _____

Cheques should be made payable to:

Canadian Condominium Institute - BC Chapter

#231-1231 Pacific Blvd., Vancouver B.C. V6Z 0E2

Email: contact@ccibcchapter.ca

MEMBERSHIP APPLICATION

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MEMBERSHIP TYPE:	Annual Fee	Fee Owing
Individual Membership	<input type="checkbox"/> \$25.00	\$
Professional Membership	<input type="checkbox"/> \$200.00	\$
Business Partner Membership	<input type="checkbox"/> \$450.00	\$

CONTACT INFORMATION:

Mr. Mrs. Ms. Other

Name: _____

Company Name (if Professional or Business Partner): _____

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Business Website: _____

Professional or Business Partner:



I CONFIRM that I am in good standing with my professional requirement and will maintain all certification requirements with respect to my profession during my membership with CCI.

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I AGREE to receive electronic correspondence I DO NOT wish to receive any electronic correspondence

Signature _____ Date _____

METHOD OF PAYMENT:

Cheque Charge to:  

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