

APPLICATION FOR

ANNUAL MEMBERSHIP:

NEW Dated: _____

FOR THE PERIOD JULY 1, 2020 TO JUNE 30, 2021..... \$ 200.00

Invoice required (send to this email address) _____

Please scan and email form to ccisw@cci-sw.on.ca and an invoice will be sent to your email address as noted.

DESCRIBE THE COMMUNITY: [_____ UNITS] [_____ DIRECTORS] – PLEASE print legibly.

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 ✓ THE APPROPRIATE BOX: **HIGH RISE** **TOWN HOUSE** **VACANT LAND** **OTHER** _____

CORPORATION PLAN & NO.	
CONTACT DIRECTOR:	
POSITION:	
MAILING ADDRESS:	
EMAIL: By providing your address you agree to receive electronic correspondence from CCI	

You may prefer to attach your Condominium Corporation's Board Listing:

DIRECTORS' FULL NAMES	UNIT # OR ADDRESS FOR SERVICE (IF DIFFERENT FROM LOCATION ADDRESS)	Postal CODE	EMAIL By providing your address, you agree to receive electronic correspondence from CCI
MANAGEMENT COMPANY/ MANAGER IF ANY	Management: _____ Manager: _____ Check box ✓ that describes management: Full Management <input type="checkbox"/> Financial only <input type="checkbox"/>		

THANK YOU FOR YOUR CONTINUED SUPPORT!

PLEASE RETURN THIS COMPLETED FORM ALONG WITH YOUR PAYMENT TO:

CCI-LONDON and AREA CHAPTER