

MEMBERSHIP APPLICATION

MEMBERSHIP TERM: July 1, 2018 - to June 30, 2019

MEMBERSHIP TYPE:	Annual Fee	Fee Owing
ndividual Membership	🗆 \$25.00	\$
Professional Membership	🗆 \$175.00	\$
Business Partner Membership	🗆 \$175.00	\$
CONTACT INFORMATION:		
☐ Mr. ☐ Mrs. ☐ Ms.	☐ Other	
lame:		
Company Name (if Professional	or Business Partner):	
Address:		Suite #:
Dity:	Province:	Postal Code:
Phone: F	Fax: Email:	
Business Website:		
e-mail regarding updates on cond		n to be processed. CCI communicates with its membership via ities, newsletters, and member communications; in accordance with onic correspondence from us.
☐ I AGREE to receive elect	•	receive any electronic correspondence
Signature	Date	_

METHOD OF PAYMENT:

Cheques should be made payable to:

Canadian Condominium Institute - Northwestern Ontario Chapter P.O. Box 10692, Thunder Bay, ON P7B 6V1

Tel: 807-345-5963 • Fax: 807-344-1507 • Email: nwontario@cci.ca Web: www.cci.ca/nwontario