



APPLICATION FOR ASSOCIATE MEMBERSHIP

Companies and individuals engaged in the supply of goods and services to condominium corporations, managers or management companies. Applicants must have WSIB and/or liability insurance coverage as applicable to their business.

Company Name: _____

Contact Person: _____ Current position held: _____

Business Address: _____ City _____ Prov _____ P Code _____

Telephone: Business () _____ Fax () _____ After hours () _____

Email: _____ Company Website: _____

Nature of Business: _____ # Years in Business: _____ District Served _____

Other Professional Memberships: _____

ACMO Sponsoring Member: _____

Insurance Policy Holder: _____ Insurance Policy Number: _____

WSIB: _____ Company HST Number: _____

Associate Member \$550 + \$71.50 (HST) = \$621.50

HST REGISTRATION NUMBER: R 123820417

Payment method: Visa MasterCard Amex Cheque (Payable to ACMO)

Cardholder name: _____

Card No: _____ Expiry Date: _____

Signature: _____

- Please send me a receipt – NOTE: Credit card charges appear on your statement as ACMO.
- I hereby make an application to become an Associate member of the Association of Condominium Managers of Ontario and agree to abide by the Code of Ethics and the terms and conditions set, from time to time, by the Association governing the use of its name, professional designations, crests, logos and other identifying marks as long as we are a member in good standing. I also pledge that the applicant's WSIB and Liability insurance forms are up-to-date.
- The applicant has read ACMO's privacy policy and hereby consents to ACMO utilizing personal information for the purpose outlined therein including for the purpose of collecting payment, invoicing, creating a list of members, advising the party of information that may be of interest to him/her.**
- I hereby certify that the information provided herein is true, accurate and complete.
- I hereby acknowledge and agree that ACMO, or its designated agent in its sole discretion, shall have the authority to contact any of the third parties, who have confirmed my working history, for the sole purpose of processing this application.
- I hereby consent to ACMO's use of my personal information for the purpose of promoting me as a member of ACMO and also acknowledge that my information is posted on the web, and can be made available to our members. I understand that I am responsible for maintaining and correcting current information regarding my online contact information.

Date _____ Signature of Applicant _____