



APPLICATION FOR ACMO CORPORATE MEMBERSHIP
In preparation for ACMO 2000 Certification

Name of Firm: \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ P. Code \_\_\_\_\_

Tel: Business ( ) \_\_\_\_\_ Email \_\_\_\_\_

Legal Status
( ) Incorporated ( ) Division of \_\_\_\_\_

Please attach Articles of Incorporation or registration of business name/proprietorship/partnership

Number of Condominiums Managed: \_\_\_\_\_ Total Units Managed: \_\_\_\_\_ Number of Property Managers on Staff: \_\_\_\_\_

Name of Senior Operating Manager: \_\_\_\_\_

Name of Senior RCM on Staff \_\_\_\_\_ Title \_\_\_\_\_

Client References: \_\_\_\_\_

Financial References: \_\_\_\_\_

Applying Company must:

- a) Be actively engaged in the management of at least 3 Condominium Corporations in the Province of Ontario
b) Agree that no condominium manager shall be given total responsibility for the management of the affairs of any condominium corporation except under the supervision of a Registered Condominium Manager
I hereby certify that the information provided herein is true, accurate and complete
The applicant hereby applies for Corporate Membership in the Association of Condominium Managers of Ontario and undertakes to achieve ACMO 2000 Certification by no later than 36 months following approval of this application.
The applicant agrees to uphold and abide by all of the following, which may be amended from time to time: ACMO by-laws, Code of Corporate Ethics, Privacy Policy, ACMO 2000 Certification Manual and the terms and conditions set by ACMO governing the use of its name, professional designations, crests, logos and other identifying marks.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Corporate \$450.00 + \$58.50 (HST) = \$508.50

HST REGISTRATION NUMBER: R 123820417

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

Cardholder name: \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_