



APPLICATION FOR ; 9B9F5 @MEMBERSHIP

; YbYfU`a embership is open to those with an interest in the condominium management profession; applicants may be enrolled in ACMO courses but not currently qualify for RCM/Designate Membership.

Name: _____

Current Employer: _____ Current position held: _____

Business Address: _____ City _____ Prov _____ P Code _____

Residence Address: _____ City _____ Prov _____ P Code _____

Telephone: Business () _____ Residence () _____ E mail: _____

Experience as condominium property manager in Ontario: _____ years

Presently Managing: _____ Units _____ Corporation

Other Professional Memberships: _____

~~Ontario~~ \$106 + \$13.78 (HST) = \$119.78

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 certify that the information provided herein is true, accurate and complete.
- I hereby make an application to become an Individual 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. I also agree that if I am successful in obtaining this designation I can only use it if I am an ACMO member in good standing.
- 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 consent to ACMO's use of my personal information for the purpose of promoting me as a member of ACMO.
- 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 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 _____