



## APPLICATION FOR STUDENT MEMBERSHIP

**A complimentary one-year term Student Membership is available to Limited Licensees and those enrolled in mandatory courses offered by CMRAO for licensing. By joining ACMO's professional community, you can gain access to condominium management advice & expertise, continuing education, resources, networking opportunities and support.**

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: \_\_\_\_\_

Please indicate where you prefer your correspondence sent: \_\_\_ Home \_\_\_ Business

- I hereby make application to become a Student 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 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.

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