



ASSOCIATION OF CONDOMINIUM MANAGERS OF ONTARIO

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REINSTATEMENT FOR THE REGISTERED CONDOMINIUM MANAGER DESIGNATION

If lapsed for one year:	If lapsed for more than one year and up to three years:	If lapsed for more than three years:
<ul style="list-style-type: none">• Currently employed full time as a Condominium Manager, holding a valid General Licence issued by CMRAO.• Sponsorship by two RCM members.• Payment of current year's dues.	<ul style="list-style-type: none">• Currently employed full time as a Condominium Manager, holding a valid General Licence issued by CMRAO.• Sponsorship by two RCM members.• Payment of current year's dues, plus one year.	<ul style="list-style-type: none">• Currently employed full time as a Condominium Manager, holding a valid General Licence issued by CMRAO.• Sponsorship by two RCM members.• Payment of current year's dues, plus two years.

Name of Applicant: _____ Email: _____

Current Employer: _____ Current Position: _____

Full Address: _____

Telephone (Bus.): _____ Telephone (Res.): _____

CMRAO General Licence #: _____

Sponsors: As a sponsor, you must be an RCM in good standing and attest to the accuracy of the information above regarding the applicant's experience as a full-time condominium manager.

Sponsor #1

Name: _____ Signature: _____

Telephone (Bus.): _____ Email: _____

Sponsor #2

Name: _____ Signature: _____

Telephone (Bus.): _____ Email: _____

- ☐ I hereby certify that the information provided herein is true, accurate and complete.
- ☐ I hereby make application to become a Designate (RCM) 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.
- ☐ 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.
- ☐ 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/them.

Please note the following:

The requirements for reinstatement must be met within 60 days of applying for reinstatement.

The payment of current year's dues brings a reinstated RCM up-to-date with their membership fees, and a membership sticker will be issued for the current year.

The total number of years of ACMO membership will be calculated for only those years for which a member was in good standing and not for the lapsed years.

Signature of Applicant: _____ Date: _____