



## APPLICATION FOR STUDENT MEMBERSHIP

A complimentary one-year 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: \_\_\_\_\_

CMRAO Licence Type: \_\_\_\_\_ CMRAO Licence Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Current position held: \_\_\_\_\_

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

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ P Code \_\_\_\_\_

Telephone: Business ( ) \_\_\_\_\_ Residence ( ) \_\_\_\_\_ E mail: \_\_\_\_\_

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.*
- ☐ *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, and contacting the applicant to advise of information that may be of interest.*
- ☐ *I hereby consent to ACMO's use of my personal information for the purpose of promoting me as a member of ACMO.*
- ☐ *I hereby certify that the information provided herein is true, accurate and complete.*

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

\*Membership dues following the complimentary year will be \$106 + HST should you wish to renew.