

APPLICATION FOR ACMO CORPORATE MEMBERSHIP In preparation for ACMO 2000 Certification

Name of Firm:			
Contact	Title	<u>.</u>	
Business Address:	City	P. Code	
Tel: Business()		Email	
Legal Status ()Incorporated ()Division of			
Condominium Management Provider	Licence #:		
Please attach Articles of Incorpora	tion or registration c	of business name/proprietorshi	ip/partnership
Number of Condominiums Managed:	Total Units Managed:	Number of Property Manag on Staff:	
Name of Senior Operating Manager:	_		
Name of Senior RCM on Staff			
Client References:			
Financial References:			
Applying Company must:			
Agree that no condominium any condominium corporation I hereby certify that the infor The applicant hereby appli	manager shall be giv on except under the su mation provided herei es for Corporate Mer	et 3 Condominium Corporations in ren total responsibility for the mai upervision of a Registered Condo in is true, accurate and complete mbership in the Association of C	nagement of the affairs of minium Manager Condominium Managers of
this application. The applicant agrees to upl ACMO by-laws, Code of C	hold and abide by all orporate Ethics, Priva	Certification by no later than 36 m of the following, which may be a cy Policy, ACMO 2000 Certifica f its name, professional designatio	mended from time to time: tion Manual and the terms
Signature of Applicant:		Date:	
Corporate HST REGISTRATION NUMBER: R 12382041	7	\$450.00 + \$58.50 (HST) =	\$508.50
Payment method: 🗆 Visa 🛛 Ma	sterCard 🛛 Amex	\Box Cheque (Payable to ACM	0)
Cardholder name:			
Card No:		Expiry Date:	
Signature:			
		IINIUM MANAGERS OF ONTARIO)1, Mississauga, Ontario, L5N 2X4	