



## APPLICATION FOR INDIVIDUAL MEMBERSHIP

**Individual Membership** may be granted to any individual who has attained the Registered Condominium Manager (RCM) designation through the National Association of Condominium Managers or a recognized regional association, or who is working as a professional condominium property manager. Individual members are entitled to all membership rights and privileges.

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: \_\_\_\_\_ Province \_\_\_\_\_ years

Presently Managing: \_\_\_\_\_ Units \_\_\_\_\_ Corporation

Other professional memberships or designations: \_\_\_\_\_

Individual (Condominium Manager) \$50 + \$6.50 (HST) = \$56.50

NACM GST REGISTRATION NUMBER: 84318 4821 RT0001

Amount enclosed: \$ \_\_\_\_\_

**Check payment method:**  Visa  MasterCard  Amex  Cheque (Payable to NACM)

Print Cardholder name: \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send me a receipt – NOTE: Credit card charges appear on your statement as BB&C.

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 National Association of Condominium Managers and agree to 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 and that my membership is only valid for as long as I am a member in good standing.

**The applicant has read NACM's privacy policy and hereby consents to NACM 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.**

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