



Application for ACMO 2000 Membership

Name of Firm: _____

Contact: _____ Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Legal Status:

Incorporated Division of: _____

Other: _____ Condominium management is the firm's sole business: Yes No

Articles of Incorporation or registration of business name/proprietorship/partnership must be attached.

Number of Condominiums Managed: _____ Total units managed: _____ Number of Personnel: _____

Name of Senior Operating Manager: _____ Years of Experience: _____

Name of Senior RCM on Staff: _____ Years of Experience: _____
(if different from above)

Client References: _____ Reference Names: _____

Financial References: Submitted Not Submitted
Reference Names: _____

Applying Companies must:

- a) Be actively engaged in the management of at least three Condominium Corporation in the province of Ontario.
- b) Agree that no condominium manager on staff shall be given total responsibility for the management of the affairs of any condominium corporation except under the supervision of a Registered Condominium Manager.

Date _____ Authorized Signature _____

The applicant hereby applies for Corporate Membership in the Association of Condominium Managers of Ontario ("ACMO") and undertakes to achieve ACMO 2000 certification by month end of your anniversary date of the third full year following submission of this application.

The applicant agrees to uphold and abide by all of the following, which may be amended from time to time: ACMO by-laws, Code of Corporate Ethics, Privacy Policy, ACMO 2000 Certification Manual and the terms and conditions set by ACMO governing the use of its name, professional designations, crests, logos and other identifying marks.