



ACMO 2000 Application Form

Date: _____

Name of Firm: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone: _____ **Fax:** _____ **Email:** _____

Legal Status:

Incorporated **Division of:** _____
Proof of current incorporation or registration with the application for certification must be submitted

Sole Proprietor **Partnership**

If Condominium is not the firm's sole business:

Number of Condominiums Managed:	_____	Total units managed:	_____	Square footage dedicated to condominium management:	_____
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Number of Personnel: _____

Name of Senior Operating Manager: _____

Years of Experience: _____

**Condominium Corporation
Client References:** **Submitted**
Reference Names: _____
 Not Submitted

Financial References: **Submitted**
Reference Names: _____
 Not Submitted

For office use only:			
ACMO Corporate Member:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fees Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	