



## APPLICATION FOR THE REGISTERED CONDOMINIUM MANAGER DESIGNATION

### The Applicant must:

- be a Candidate member in good standing of the Association of Condominium Managers of Ontario – if not, attach the application and payment,
- have passed the RCM exam,
- be sponsored by the CEO/VP/Regional Manager of your company and one RCM individual who will attest that you have two (2) years full time experience as a Condominium Property Manager,
- If you are not able to provide the above sponsors, you must provide the following pieces of information:
  - An up-to-date curriculum vitae or resume; and
  - An arms-length third party confirmation from two (2) or more individuals who served as board members at a condominium corporation where you were engaged or a condominium corporation Board of Directors confirming that you are or have worked for a period of at least two consecutive (2) years in the last seven (7) years as a full-time property manager.
- Submit a short bio (20 words or less) and electronic photograph of yourself - this will be used in conjunction with the luncheon presentation when you receive your R.C.M. Certificate.

Name: \_\_\_\_\_  
(As you want it to appear on your certificate)

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

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

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

Experience as condominium property manager in Ontario: \_\_\_\_\_ years

**Sponsors:** As a sponsor, you are attesting to the accuracy of the information above regarding the applicant's experience as a full-time condominium property manager.

Sponsor 1. \_\_\_\_\_  
 (Print) Title (Signature)  
 \_\_\_\_\_  
 Tel No email:

Sponsor 2. \_\_\_\_\_  
 (Print) Title (Signature)  
 \_\_\_\_\_  
 Tel No email:

I hereby make application for the Registered Condominium Manager designation 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. I also agree that if I am successful in obtaining this designation I can only use it if I am an ACMO member in good standing.

**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, advising the party of information that may be of interest to him/her.**

I hereby certify that the information provided herein is true, accurate and complete.

I hereby acknowledge and agree that ACMO, or its designated agent in its sole discretion, shall have the authority to contact any of the third parties, who have confirmed my working history, for the sole purpose of processing this application.

I hereby consent to ACMO's use of my personal information for the purpose of promoting me as a member of ACMO.

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