

APPLICATION FOR ACMO CORPORATE MEMBERSHIP In preparation for ACMO 2000 Certification

Name of Firm:						
Contact	Title					
Business Address:	s Address:City_			P. Code		
Tel: Business ()	Business() Email					
Legal Status () Incorporated () Division	of					
Condominium Management Pr	ovider Licence #:_					
Please attach Articles of Inco	orporation or regi	stration of	business naı	me/proprietorship/pa	artnership	
Number of Condominiums Managed:	Manag	Total Units Managed:		Number of Property Managers on Staff:		
Name of Senior Operating Mar	nager:					
ame of Senior RCM on Staff			Title			
Client References:						
Financial References:						
Applying Company must:						
Agree that no condor any condominium cor	minium manager sl poration except un	hall be give der the sup	n total respon ervision of a R	sibility for the manage Registered Condomini	e Province of Ontario b) ement of the affairs of ium Manager	
I hereby certify that th	e information prov	ided herein	is true, accura	ate and complete		
					dominium Managers o hs following approval o	
ACMO by-laws, Code	e of Corporate Eth	nics, Privac	y Policy, ACM	10 2000 Certification	nded from time to time Manual and the terms crests, logos and other	
Signature of Applicant:			Date:			
Corporate			\$450.00	+ \$58.50 (HST) =	\$508.50	
HST REGISTRATION NUMBER: R 12	23820417					
Payment method: ☐ Visa	☐ MasterCard	□ Amex	□ Cheque ((Payable to ACMO)		
Cardholder name:						
Card No:				Expiry Date:		
Signature:						

www.acmo.org

info@acmo.org