



ASSOCIATION OF CONDOMINIUM MANAGERS OF ONTARIO

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REINSTATEMENT FOR THE REGISTERED CONDOMINIUM MANAGER DESIGNATION

<p>If lapsed for one year:</p> <ul style="list-style-type: none">• Payment of current year's dues• Currently employed full time as a Property Manager• Sponsorship by two RCM members• Submission of CE Tracking Form to indicate completion of 20 points of CE in the lapsed year	<p>If lapsed for more than one year and up to three years:</p> <ul style="list-style-type: none">• Payment of current year's dues, plus administration fee of \$200 plus HST• Currently employed full time as a Property Manager• Sponsorship by two RCM members• Submission of CE Tracking Form to indicate completion of 20 points of CE in each of the previous two years	<p>If lapsed for more than three years:</p> <ul style="list-style-type: none">• Payment of current year's dues, plus administration fee of \$200 plus HST• Currently employed full time as a Property Manager• Sponsorship by two RCM members• Completion of a current Refresher Course• Submission of CE Tracking Form to indicate completion of 20 points of CE in each of the previous three years
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Name: _____ Email: _____

Current Employer: _____ Current Position Held: _____

Full Address: _____

Telephone: Business _____ Residence _____

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 condominium property manager.*

Sponsor 1. _____
(Print) _____ (Signature)

Tel No _____ Email: _____

Sponsor 2. _____
(Print) _____ (Signature)

Tel No _____ Email: _____

Refresher Course _____
(Date) _____ Instructor: _____

- *I hereby certify that the information provided herein is true, accurate and complete.*
- *I hereby make application to become an Registered Condominium Manager member 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.*
- *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.*
- ***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.***

Please note the following:

The requirements for reinstatement must be met within 60 days of applying for reinstatement. Access will be granted for candidates to access webinars and luncheon videos to meet their CE requirements for reinstatement for the period of 60 days after which access will be removed and CE points will have to be earned some other way.

The payment of current years' dues brings a reinstated RCM up-to-date with their membership fees, and a membership sticker will be issued for the current year.

The total number of years of ACMO membership will be calculated for only those years for which a member was in good standing and not for the lapsed years.

Approved August 17, 2016

Date _____ Signature of Applicant _____