

INSTITUTE OF HOUSING MANAGEMENT

2800 14th Avenue, Suite 210, Markham, Ontario L3R 0E4 Tel. (416) 493-7382 / 1-866-212-4377 Fax: (416) 491-1670 E-mail: ihm@associationconcepts.ca

APPLICATION for Accredited Membership

THIS APPLICATION IS FOR CHEQUE PAYMENT ONLY.

JANUARY 1ST TO DECEMBER 31ST

O New Member O Membership Upgrading			For Accreditation Requirements please refer to the IHM website:	
CONTACT DETA	ILS		https://ihmcanada.net/MEMBERSHIP/accreditation.php	
Full Name:				
Company Name:				
Address:				
Telephone:	Fax:	E-mail:		
	ion/sentence, highlight your ro	les and responsibilitie	s for each of the following areas:	
Rent Collections:				
Maintenance invo	lvement:			
Supervisor role:				
Issuing work orde	rs:			
Contractor hiring	oversight:			
Asset Manageme	nt:			
Have you directly	reported to a person with the follow	wing credentials (AIHM, F	FIHM, CPM, RPA) for the past three years?: $ { m O}{ m Yes} { m O}{ m No}$	
*Please attach currei and your program co		an overview of the Corpo	prations holdings and Property Management roles/responsibilities	
, ,	ntact information included in the IH			
How did you hear ab	out IHM?			
Signature of applicant: Date:			Date:	
			. IHM communicates electronically with its members; in accordance with the Canada Anti-Spam ctronic correspondence I I DO NOT wish to receive any electronic correspondence	
NEW!	Sign up for 2 years and SA	A <i>VE!</i>	Cheques payable to:	
	· / / / / / / / / / / / / / / / / / / /			

FEE: 1 Year (2025) - \$255.00 (plus HST) 2 Years (2025-2026) - \$480.00 (plus HST)

MEMBERSHIP FEES ARE FROM JANUARY $1^{\mbox{st}}$ to december $31^{\mbox{st}}$, and fees are <u>not</u> prorated.

Should your application be denied, a refund will be issued minus a non-refundable \$35 application fee.



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