

CNYC**Membership Registration Form****2011**

Name of Cooperative Corporation _____

or Condominium Association _____

Address _____

Month board elections are held _____ Year converted _____ No. of stories _____ No. apts. _____

No. of rooms _____ No. of staff members _____ No. of commercial spaces _____

President _____ Phone (day) _____ (eve) _____ E-mail _____

CNYC Rep.* _____ Phone (day) _____ (eve) _____ E-mail _____

* Please select a resident Board Member as your CNYC representative. CNYC sends notices to these representatives and asks that they relay all information to their fellow board members and to building residents, as appropriate. Please include e-mail addresses for any Board Members who wish to receive CNYC announcements online.

Please list all Board Members who should receive copies of CNYC's quarterly *Newsletter*, providing apartment numbers and addresses. ____

Management firm _____ Phone _____

Should membership renewal bills be sent to the mgt firm? _____ Email _____

2011 MEMBERSHIP DUES

New member registration @ \$5 per unit to a maximum of \$150 \$ _____

\$75 base fee plus \$3 per apartment to a maximum of \$1,200 \$ _____

We would also like NAHC membership at an additional \$1.75 per unit \$ _____

Total enclosed \$ _____

Member co-ops and condos can each send one preregistered person to the Annual Housing Conference at no cost.

Authorized Signature _____

Title _____

Date _____

Kindly return this form, along with your check, to: CNYC, 250 West 57th Street, Suite 730, New York, NY 10107-0700

CNYC**Professional Subscription Form****2011**

An individual who offers services to cooperatives and/or condominiums can participate in the activities of the Council of New York Cooperatives & Condominiums by becoming a professional subscriber. An annual fee of \$250 entitles the subscriber to receive CNYC's *Newsletter* and other publications, to call upon CNYC for information, and to attend all CNYC functions. Professional subscribers may attend the annual Housing Conference at a special subscriber rate. Professional subscribers may not transfer their benefits to other individuals, nor are they eligible to vote in CNYC elections.

Name of subscriber _____ Phone _____ E-mail _____

Name of firm _____

Address _____ Zip _____

Services offered to cooperatives and/or condominiums _____

Enclosed is the fee of \$250 for my professional subscription to CNYC for the calendar year. I have read the statement above and I am aware of the benefits to which I am entitled as a CNYC subscriber. I understand that professional subscribers are not CNYC members and that they have no voting rights.

Subscriber's Signature _____

Date _____

Kindly return this form, along with your check, to: CNYC, 250 West 57th Street, Suite 730, New York, NY 10107-0700