



ACMA, ASSOCIATION OF CONDOMINIUM MANAGERS ALBERTA
 200, 6 Crowfoot Circle NW, Calgary, AB T3G 2T3
 Toll free: 1-866-451-2262 Fax: 403-541-0915
 Email: info@myacma.com

REQUEST FOR SELF STUDY MANUAL AND EXAM

Name of Applicant: _____ Employer: _____

Address: _____

Telephone – Business: _____ Telephone Residential: _____

Email Address: _____

Please provide the following pieces of information:

- i. An up-to-date curriculum vitae or résumé; and
- ii. 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 five consecutive (5) years in the last seven (7) years as a full-time property manager.

- 1) *The applicant is applying to take a Challenge exam (\$250 fee covers the cost of manuals and exam sitting fee) for each course(s) and 75% is considered a passing mark.*
- 2) *Course manuals can be purchased separately. Please contact the ACMA office for further details.*

Financial Law Physical Building Management Condominium Law Condominium Administration & Human Relations All four subjects

Exam(s) Total: \$ _____ +5% GST: \$ _____ = Total: \$ _____
Total Amount enclosed: \$ _____ (GST REGISTRATION NUMBER: _____)

Check payment method: Visa MasterCard Amex Cheque (Payable to ACMA)

Print cardholder name: _____
 Card number: _____ Expiry Date: _____
 Signature: _____

- Please send me a receipt**
- I, the undersigned, understand that the granting of this exemption(s) is at the sole and unfettered discretion of the ACMA Board of Directors based on its evaluation of the foregoing information.*
- I, the undersigned, hereby confirm that the foregoing information together with any enclosures or additional information are true and accurate as of the date herefo.*
- I understand upon completion of the Challenge Exam, I shall be required to write and pass the RCM exam and fulfill all related criteria in order to receive the RCM designation*

The application hereby consents to ACMA utilizing personal information for the purpose outlined therein including 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 consent to ACMA's use of my personal information for the purpose of promoting me as a member of ACMA.

Date _____ Signature of Applicant _____