

**Building Association Managers of Volusia County Inc ("BAM")
OFFICIAL ASSOCIATE MEMBERSHIP APPLICATION**

P O Box 214865 South Daytona FL 32121-4865

**BAM Administration Office: Telephone: 386.760.7734 Fax: 386.760.7735
Email: info@BAMvolusia.com**

Applicants MUST Contact the BAM Admin Office prior to submitting the Application

**Associate Member Dues are \$ 200.00 Per Year Additional Classifications \$200.00 each per year.
For example: Kitchen/Bath designer AND plumbing contractor are \$200.00 for EACH, etc.**

Name: _____

Business Name _____

Business Classification(s) _____

Occupational License# _____ Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____ Cell _____

Home Phone _____ Email _____

Website Address _____ Birth Month _____ Day _____

All applications NOT completed as required will be returned to the individual making the application. Applications must be signed by three current BAM MANAGER MEMBERS who are sponsoring the applicant for membership.

Sponsor Signature

Sponsor Printed Name

1. _____

2. _____

3. _____

This application is submitted with my complete knowledge and understanding to the following:

1. I certify the information I have provided is truthful and correct.
2. I agree to comply with the By-Laws, declarations and Principles of BAM.
3. Should it ever become necessary to revoke my membership, I hereby agree to waive any and all claims against any member, director, officer, employee, or paid Administrator of BAM.
4. All information given will be held in strict confidence within its membership ranks.

The membership year runs from July 01 through June 30. Half year dues accepted between January and June.

There is no other pro-ration of dues,

Signature: _____ Date _____

Office Use Only

Membership Committee Dispositon: _____ Date of Action _____

Dues Received by: _____ Cash/Check Amount _____