

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

P O Box 214865 South Daytona FL 32121.4865

BAM Administration Office: Telephone: 386.760.7734 Fax: 386.760.7735

9a U]. j]bZc 4 65A j c i g]U"Wc a

**Manager Dues are \$100.00 Per Year**

Name: \_\_\_\_\_

CAM License# \_\_\_\_\_ Real Estate License # \_\_\_\_\_

Condo/Employer \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Web Address \_\_\_\_\_ Birth Month \_\_\_\_\_ Year \_\_\_\_\_

**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.**

**Note: New Members MUST attend a Membership Meeting. Bring this application with you to obtain signatures below. Call Melody Adair at 386.760.7734 for upcoming meeting information.**

**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 \_\_\_\_\_