

# Building Association Managers of Volusia County, Inc. ("BAM")

## OFFICIAL ASSOCIATE MEMBERSHIP APPLICATION

PO Box 283 Ormond Beach, Florida 32175

386-538-1083 | [info@BAMVolusia.com](mailto:info@BAMVolusia.com)

**Associate Quarterly Dues: \$135**

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

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

Tell us about what your primary business classification is and what other services you provide:

\_\_\_\_\_  
\_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Birth Month: \_\_\_\_\_

**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 and bring this application with you to obtain signatures below. Monthly meetings are the third Tuesday of each month. Contact [info@BAMVolusia.com](mailto:info@BAMVolusia.com) for details.**

### Sponsored Signature

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Sponsored Printed Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

1. I certify the information I provided is truthful and correct.
2. I agree to comply with the bylaws, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Membership Committee Disposition: \_\_\_\_\_ Date of Action: \_\_\_\_\_

Dues Received By: \_\_\_\_\_ Cash/Check Amount: \_\_\_\_\_