



# APPLICATION FOR ASSOCIATE MEMBERSHIP BUILDING MANAGERS INTERNATIONAL

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

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

(location) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Representative's Name: \_\_\_\_\_

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

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

Telephone: Business: (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Toll Free (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Type of Product Provided or Service Sold: \_\_\_\_\_

Number of years in business in Florida: \_\_\_\_\_ Date Established: \_\_\_\_\_

Does your firm have a license? YES \_\_\_\_\_ License Number: \_\_\_\_\_

NO \_\_\_\_\_ State Reason: \_\_\_\_\_

Does your firm have complete liability and workers compensation insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

If YES, please complete the following:

Insurance Company Name: \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Agent's Name: \_\_\_\_\_

## ALONG WITH THIS APPLICATION PLEASE SUBMIT:

- (1) Current Occupational License (2) Certification of Occupancy (3) Proof of Workers Compensations (4) State License

## WE HEREBY MAKE APPLICATION TO BECOME AN ASSOCIATE MEMBER OF BUILDING MANAGERS INTERNATIONAL AND AGREE TO THE FOLLOWING PROVISIONS.

- 1) An Associate Member may be any reputable supplier or service company whose business is contiguous in community associations.
- 2) It is understood that this application is subject to a favorable report and approval by the Chapter's Board of Directors.
- 3) Associate Membership may be revoked for cause by the Chapter's Board of Directors.
- 4) Associate Members must abide by Building Managers International Code of Ethics.
- 5) Associate Members in good standing may display the Building Managers International Logo. In the event of termination of membership in this association I (we) agree to immediately discontinue the use of the B.M.I. logo in any form.
- 6) That the applicant waives all claims against Building Managers International or any of its officers or employees for refusing or revoking membership.

## APPLYING FOR WHAT TYPE OF MEMBERSHIP: (check one only)

One Chapter Only: \_\_\_\_\_ Statewide (all chapters): \_\_\_\_\_ Multi-Chapter: \_\_\_\_\_

OUR PRIMARY CHAPTER WILL BE: \_\_\_\_\_

ADDITIONAL CHAPTERS: \_\_\_\_\_

Remittance attached: \$ \_\_\_\_\_ Return to: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

By signing, the applicant recognizes that BMI or their agent, may investigate the information supplied by the applicant.

## FOR OFFICIAL USE

Primary Sponsor: \_\_\_\_\_

Chapter: \_\_\_\_\_

Co-Sponsor: \_\_\_\_\_

Date BOD Approved: \_\_\_\_\_

Note: Associate Members must be sponsored by two active B.M.I. members, one of which be a Manager member. **Signatures required.**

Officers Signature: \_\_\_\_\_

Date Mailed to National Office: \_\_\_\_\_

**A BACKGROUND CHECK MAY BE DONE BY AN OUTSIDE FIRM.**

Membership Confirmed: \_\_\_\_\_

\*\* Dues are pro-rated based on what time of year you join. \*\*

<b>DUES RATE SCHEDULE</b>		
	<b>MAY 15<sup>TH</sup> - DEC. 31<sup>ST</sup></b>	<b>JAN. 1<sup>ST</sup> - MAY 14<sup>TH</sup></b>
<b>ONE CHAPTER ONLY</b>	<b>\$150.00</b>	<b>\$ 75.00</b>
<b>STATEWIDE</b>	<b>\$350.00</b>	<b>\$175.00</b>

**MULTI-CHAPTER:** APPLICANTS WHO ARE JOINING MORE THAN ONE CHAPTER, BUT WHO ARE NOT STATEWIDE ADD \$50.00 FOR EACH ADDITIONAL CHAPTER LISTED ON THE FRONT OF THIS FORM.

### FIGURE YOUR DUES HERE

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$25.00 = \$ \_\_\_\_\_  
(DUES FROM CHART) (MULTI-CHAPTER DUES IF APPLICABLE) (PROCESSING FEE) (TOTAL DUES)

**Any member who joins between January 1<sup>st</sup> and May 14<sup>th</sup> will receive their membership information, pin and card but will not receive plaque until they renew for a full year.**

PLEASE MAKE CHECKS PAYABLE TO: BUILDING MANAGERS INTERNATIONAL

### AN ASSOCIATE MEMBER OF BMI IS . . .

Any company, business or firm that provides a product or service contiguous to the operation of Community Association. Associate Members may hold multi-chapter memberships with the appropriate fees.

A company or business shall provide a representative or representatives, if a multi-chapter member, who will receive mailings and meeting notices. The Associate Member's representative may serve on committees at the National or Chapter level. They may also hold a position of Associate Liaison to the National or Chapter Boards.

### RENEWAL OF MEMBERSHIP

ANNUAL DUES ARE DUE AND PAYABLE ON JULY 1<sup>ST</sup> OF EACH YEAR. ANY MEMBER WHOSE DUES ARE NOT PAID BY JULY 31<sup>ST</sup> SHALL BE DROPPED FROM MEMBERSHIP IF NOT PAID BY AUGUST 31<sup>ST</sup>. THE NATIONAL OFFICE SHALL MAIL ANNUAL RENEWAL NOTICES THE FIRST OF MAY EACH YEAR, WITH A FOLLOW-UP NOTICE TO ALL WHO HAVE NOT PAID BY THE THIRD WEEK OF JULY.

QUESTIONS ABOUT BMI SHOULD BE DIRECTED TO THE BMI CHAPTER YOU ARE WORKING WITH OR YOU MAY CALL THE NATIONAL OFFICE. OUR PHONE NUMBER IS (941) 426-1433 OR FAX (941) 426-4042.

### CURRENT CHAPTERS ARE . . .

COLLIER, NORTHEAST, PALM BEACH, SOUTHEAST, SOUTHWEST, & SUNCOAST