

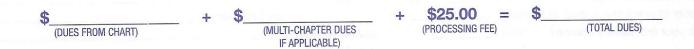
APPLICATION FOR ASSOCIATE MEMBERSHIP BUILDING MANAGERS INTERNATIONAL

Company Name:		2011-1-02-00	
Company Address:		5. V. L. (3.)	
(location) City:			
Company Representative's Name:			
Mailing Address:			
City:			
Telephone: Business: ()			
Fax ()			
Email			
Type of Product Provided or Service Sold:		<u>_</u>	
Number of years in business in Florida:	Date Established:	3	
Does your firm have a license? YES Licen	se Number:	THE STATE OF	
	Reason:		
Does your firm have complete liability and workers compensation in	nsurance? YES NO		
If NO, please explain:			
If YES, please complete the following:			
Insurance Company Name:		-	
Complete Address:			
Telephone ()	Agent's Name:		
WE HEREBY MAKE APPLICATION TO BECOME AN ASSOINTERNATIONAL AND AGREE TO THE FOLLOWING PRO 1) An Associate Member may be any reputable supplier or service compared. It is understood that this application is subject to a favorable report and associate Membership may be revoked for cause by the Chapter's Board. Associate Members must abide by Building Managers International Coordinates. Associate Members in good standing may display the Building Manager association I (we) agree to immediately discontinue the use of the B.M.I. 6) That the applicant waives all claims against Building Managers International Coordinates.	VISIONS. ny whose business is contiguous in communi approval by the Chapter's Board of Directors rd of Directors. de of Ethics. rs International Logo. In the event of terminar. logo in any form.	ty associations. s. tion of membership in this	
APPLYING FOR WHAT TYPE OF MEMBERSHIP: (check or	ne only)		
One Chapter Only: Statewide (all chapters):	Multi-Chapter:		
OUR PRIMARY CHAPTER WILL BE:ADDITIONAL CHAPTERS:			
Remittance attached: \$			
Signature of Applicant:			
By signing, the applicant recognizes that BMI or their agent,			
	ICIAL USE		
Primary Sponsor:	Chapter:		
Co-Sponsor:	Date BOD Approved:		
Note: Associate Members must be sponsored by two active B.M.I.	Officers Signature:		
members, one of which be a Manager member. Signatures required.	Date Mailed to National Office:		
A DACUCDOING CHECK MAY BE DONE BY AN OUTCON FIRM	Membership Confirmed:		
A BACKGROUND CHECK MAY BE DONE BY AN OUTSIDE FIRM.	iviembership Confirmed:		

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

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



Any member who joins between January 1st and May 14th 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 1ST OF EACH YEAR. ANY MEMBER WHOSE DUES ARE NOT PAID BY JULY 31ST SHALL BE DROPPED FROM MEMBERSHIP IF NOT PAID BY AUGUST 31ST. 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