

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

OFFICIAL MANAGER MEMBERSHIP APPLICATION

PO Box 283 Ormond Beach, Florida 32175

386-538-1083 | info@BAMVolusia.com

Manager Annual Dues: \$340.00

Name: _____

CAM License #: _____ Real Estate License #: _____

Condo/Employer: _____

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 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 January 1st through December 31st.

Signature: _____ Date: _____

Office Use Only

Membership Committee Disposition: _____ Date of Action: _____

Dues Received By: _____ Cash/Check Amount: _____

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

Associate Annual Dues: \$540

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 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: _____