



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. **

DUES RATE SCHEDULE		
	MAY 15TH - DEC. 31ST	JAN. 1ST - MAY 14TH
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

$$\begin{array}{ccccccc} \$ & \underline{\hspace{2cm}} & + & \$ & \underline{\hspace{2cm}} & + & \$25.00 & = & \$ & \underline{\hspace{2cm}} \\ \text{(DUES FROM CHART)} & & & \text{(MULTI-CHAPTER DUES} & & & \text{(PROCESSING FEE)} & & \text{(TOTAL DUES)} \\ & & & \text{IF APPLICABLE)} & & & & & & \end{array}$$

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