



COLLIER CHAPTER
APPLICATION FOR PROPERTY MANAGEMENT COMPANIES
BUILDING MANAGERS INTERNATIONAL

PROPERTY MGT COMPANY NAME: _____

PROPERTY MGT. COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRINCIPALS NAME: _____

SOCIAL SECURITY # _____ CAM # _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

Three Local References: _____

This application is submitted with the full understanding:

- A. That the information given herein is given for the sole purpose of Helping the Membership committee judge my eligibility for Membership and that this information will be held strictly Confidential.
- B. That all information given here is complete and correct to the best Of my knowledge.
- C. That all claims against Building Managers International or any of its Officers or employees for refusing or revoking membership is hereby Waived.

I will comply with the principles and declarations of Building Managers International as set forth in it's by-laws and code of ethics.

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 ONLY)

Primary sponsor _____ Chapter _____

Co-sponsor _____ Approved by: _____
(Sponsors require signatures) Date Approved _____

DUES RATE SCHEDULE		
	July. - December	January - June
MANAGEMENT COMPANY	\$200.00	\$100.00
ADDITIONAL MANAGERS	\$100.00	\$50.00

FIGURE YOUR DUES HERE \$ _____ + \$ 25.00 = \$ _____
 (DUES FROM CHART) (PROCESSING FEE) (TOTAL DUES)

PLEASE MAKE CHECKS PAYABLE TO: BUILDING MANAGERS INTERNATIONAL

THE DUES RATE FROM THE ABOVE CHART THAT SHOULD BE USED WILL BE WHATEVER APPLIES ON THE DATE THE CHAPTER BOARD APPROVES THE APPLICATION. IT WILL REMAIN, HOWEVER, THAT AN APPLICANT IS NOT A MEMBER UNTIL THE NATIONAL OFFICE RECEIVES ALL INFORMATION, IN FULL. APPLICATIONS PROCESSED IN THE MONTHS OF MAY & JUNE WILL ATTACH THE FULL DUES RATE FOR ONE YEAR AND SHALL BE CREDITED THROUGH THE NEXT FULL COMING YEAR. A BMI MEMBERSHIP YEAR RUNS FROM JULY 1ST THROUGH JUNE 30th.

MEMBERSHIP DESIGNATIONS

ACTIVE MANAGER OR MANAGEMENT COMPANY:

ANY PERSON WHO PERFORMS A MANAGERIAL DUTY AND REPORTS TO THE COMMUNITY ASSOCIATION BOARD OF DIRECTORS. THEY SHALL HOLD A LICENSE, IF REQUIRED BY LAW, TO PROVIDE THEIR SERVICES.

LIST OF ADDITIONAL MANAGERS

<u>NAME</u>	<u>CAM #</u>	<u>SOCIAL SECURITY #</u>

(ANY ADDITIONAL MANAGERS CAN BE PUT ON SEPARATE SHEET)

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 CONSIDERED DELINQUENT AND 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 1ST WEEK OF AUGUST.

QUESTIONS ABOUT BMI SHOULD BE DIRECTED TO THE BMI CHAPTER YOU ARE WORKING WITH OR YOU MAY CALL THE NATIONAL OFFICE ON SINGER ISLAND. OUR PHONE NUMBER IS (561) 863-4245 OR FAX (561) 863-4201.
 (5/99)