



## APPLICATION FOR ASSOCIATION AFFILIATES

ASSOCIATION NAME: \_\_\_\_\_

ASSOCIATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRESIDENTS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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 its by-laws and code of ethics.

Remittance attached: \$ \_\_\_\_\_ Return to: **BMI National Office**

Date signed: \_\_\_\_\_ **P.O. Box 7187**

Signature of Applicant: \_\_\_\_\_ **North Port, FL 34290**

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

(FOR OFFICIAL USE ONLY)

Chapter \_\_\_\_\_ Date Approved \_\_\_\_\_

Credit Card Payment Accepted: Mastercard or Visa

Card # \_\_\_\_\_ Expiration: Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**PRORATED DUES SCHEDULE**  
**(BASED ON WHEN YOU JOIN)**

	<b>JULY-DEC</b>	<b>JAN-JUNE</b>
<b>ASSOCIATION AFFILIATES (UP TO 10 BOARD MEMBERS)</b>	<b>200.00</b>	<b>100.00</b>
<b>ADDITIONAL BOARD MEMBERS</b>	<b>20.00</b>	<b>10.00</b>

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

**PLEASE MAKE CHECKS PAYABLE TO: BUILDING MANAGERS INTERNATIONAL, INC.**

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 1<sup>ST</sup> THROUGH JUNE 30<sup>TH</sup>.

**MEMBERSHIP DESIGNATIONS**

**ASSOCIATION AFFILIATES:**

BOARD MEMBERS OF ANY COMMUNITY ASSOCIATION. OFFICERS MAY CHANGE FROM YEAR TO YEAR.

**LIST OF ADDITIONAL BOARD MEMBERS**

NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ANY ADDITIONAL BOARD MEMBER CAN BE PUT ON SEPARATE SHEET)

**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 CONSIDERED DELINQUENT AND 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 1<sup>ST</sup> WEEK OF AUGUST.

QUESTIONS ABOUT BMI SHOULD BE DIRECTED TO THE BMI NATIONAL OFFICE IN NORTH PORT, FLORIDA. OUR PHONE NUMBER IS (941) 426-1433 OR FAX (941) 426-4042.

(JUNE 2019)

