

Non – Refundable Application Fee\$ _____

ORGANIZED 1917



INCORPORATED 1923

New York Building Managers' Association, Inc

APPLICATION FOR MEMBERSHIP

Print Name. _____ Date. _____

I hereby make application for membership and agree if elected to be governed by it's By – Laws so long as my connection with the Association continues

Business Address & Zip Code _____

Business Telephone Number _____ Cell Phone Number _____

Management Company _____ Number of Employees _____

Type of Building _____

Home Address & Zip Code _____

Email Address _____

Have you made application for membership in the Association before? _____ If Yes, When? _____

Candidate's Signature in full _____

Proposed by _____ Membership # _____

REFERENCES

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name of Member sent to Investigate: _____

Date of first meeting _____ Date Entrance fee Received _____

Date of Second meeting _____ Date of first years Dues received _____

Date elected to Membership _____

Make all checks and money orders payable to the New York Building Managers Association, Inc

Please make sure to full out your Life insurance beneficiary form so you can be added to our insurance policy.