



## Welcome to BAM!

We are thrilled by your choice to become a member and can't wait for the benefits to work for you! You will be receiving a new member packet and access information for the website. Please complete this application and submit a check or credit card information. Annual dues are \$595 and all members joining from CMBA will be moving into the newly created Central Minnesota Association's membership in the very near future. Email or send the application to Renee Ellerman at 161 St. Anthony Avenue, Suite 817, St. Paul, MN 55103 or info@bamn.org. If you have any questions, feel free to contact BAM at 651-983-3749.

### MEMBER INFORMATION

**First Name:**

**Last Name:**

**Business Name:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

The Applicant hereby makes this application for membership in the Builders Association of Minnesota (BAM). Applicant agrees to observe the Articles, By-Laws, Code of Ethics and standards BAM establishes, from time to time. Applicant agrees that in the event the Applicant's membership is terminated for any reason, Applicant will immediately discontinue use of logo, insignia, service mark, trademarks or any BAM copyright documents. BAM may publish Applicant's name and, if applicable, the names of all Applicant's principals, in BAM's print and digital publications. Applicant also authorizes BAM to perform such investigation as it deems necessary to verify the information contained in this application. Applicant agrees to hold BAM and its membership harmless from any and all information supplied with respect to the investigation. Applicant represents that the information contained in this application is true, accurate and complete. Applicant acknowledges that any false inaccurate or incomplete information can result in sanctions against the applicant including, but not limited to termination of membership.

### ANNUAL DUES: \$595

**Payment Type:**  Visa  MC  Discover  AMEX  Check

**Card Number:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Billing Address:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_ **Code:** \_\_\_\_\_ **Total Charge:** \_\_\_\_\_

#### More Information :

161 St. Anthony Avenue #817

651-646-7959 (Office: Leave Message)

www.BAMN.org

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**Signature** **Date**

**THANK YOU!**