

**“BAM”
Business Associates of Martin County, Inc.**

Application for Membership

Name: _____

Company: _____

Service Provided: _____

Address: _____

City: _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____

Referred by: _____

Please tell us a little about yourself, your business and why you would like to be a member of BAM:

_____.

Please provide 3 references:

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

Please Note: BAM members consist of a wide range of professionals. In an effort to be fair to all, each member will not represent nor advertise any conflicting product or service.

Annual Dues are temporarily waived for 2020.