

CAMP

COMMUNITY ASSOCIATION MANAGEMENT PROFESSIONALS

**** APPLICATION FOR NEW ASSOCIATE MEMBERSHIP \$200.00 _____**
APPLICATION FOR ASSOCIATE RENEWAL \$200.00 _____
EACH ADDITIONAL CORPORATE REPRESENTATIVE \$100.00 _____

Associate's Profession _____

*Designated Member Name _____ CAM# _____

Business Name _____

Work Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

E-Mail _____ Website _____

Additional Corporate Representatives, for each additional representative provide Name,
Position, Email, Cell Phone Number and CAM # if licensed

2nd Rep: _____

3rd Rep: _____

4th Rep: _____

I will comply with the principles and declarations of CAMP as set forth in its by-laws and Code of Ethics. All claims against CAMP or any of its officers or employees for refusing or revoking membership is hereby waived. *As a New Associate Member a copy of the business license, a certificate of insurance naming CAMP as additional insured plus the confirmation of my paid membership are included with this membership application.

Signature _____ Date _____

Membership runs January 1 through December 31 (dues are not pro-rated and are non-refundable)

The *Designated Member holds the voting right of the Corporation. Each additional corporate representative named above shall have the authority to attend any or all of CAMP functions and will be charged the members rate for the functions they attend. ***Each NEW Associate Applicant must be referred by a CAMP Association Manager Member, provide name and contact number of manager** _____

Pay for membership on the CAMP website www.campfl.org - email the complete membership package to CAMPBrowardDade@gmail.com.

Membership questions, please contact **Lori Janicki, Executive Director 954.445.8742.**

Thank you for your interest in CAMP