



Palm Beach Community Managers Association, Inc.
P.O. Box 507 • Lake Worth, Florida 33460-0507

APPLICATION FOR MEMBERSHIP

Date _____ Name _____ Spouse Name _____
 Social Security # _____ CAM Lic.# _____ Date Issued _____
 Home Add. _____ City _____ Zip Code _____
 Work Phone _____ Home Phone _____ Fax _____
 Email _____ Cell Phone _____
 Association Name _____ #Units _____
 Community Type: Condo ___ HOA ___ Cooperative ___ Timeshare ___ Other ___
 Assoc. Address _____ City _____, FL Zip _____
 Position/Title _____ Office Phone _____ Fax _____
 Date Employed _____ Assoc. President _____

EMPLOYMENT HISTORY

Previous Employer	Address	Phone/Fax	Position	Duration
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

PALM BEACH CMA REFERENCE

(must have at least one CMA member letter of reference)

1. _____
 2. _____

PERSONAL REFERENCES

Name	Address	Phone/Fax	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Annual Dues \$100. Application Fee \$25. (\$125 must accompany this application)

PLEASE INDICATE THE AREA (s) YOU WILL ASSIST THE ORGANIZATION

Condo Fest Trade Show _____	Golf Tournament _____
Newsletter _____	Web Site _____
Education Luncheons _____	Dinner Meetings _____
Member Appreciation Event _____	Special Events _____
Telephone/Communications _____	Other _____

**PLEASE ATTACH
A Copy of your latest
RESUME**

This information is true and correct to the best of my knowledge. Palm Beach CMA has my permission to verify the enclosed information. I understand that I must be a working community association manager and have been so for at least six (6) months before making application. I understand there is an annual renewal fee and if I allow my membership to lapse I will be responsible for additional fees and will not enjoy the privileges of membership until dues are paid in full and I am re-instated as a member in good standing.

Signature

Date

Print Name

E-Mail Address

Membership Committee Member Approval _____ **Date** _____

Palm Beach CMA Board of Director Approval _____ **Date** _____

Annual Dues \$100. Application Fee \$25. (\$125. must accompany this application)