



# Application Form

## GENERAL INFORMATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

## DUES INFORMATION

- Individual \$195/yr
- Corporate (up to 5 members) \$495/yr
- Student \$25/yr

## BADGE INFORMATION

Name \_\_\_\_\_  
Company \_\_\_\_\_

## OTHER INFORMATION

Community Involvement \_\_\_\_\_  
Reason for joining BAM \_\_\_\_\_  
Who else should we contact? \_\_\_\_\_

## PAYMENT INFORMATION

- Check
- Credit Card (Visa/Mastercard Only)

Name on Card \_\_\_\_\_  
Card Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_

Mail Payment to: BAM  
PO Box 536  
Billings, MT 59103