

Buried Asset Management Institute-International (BAMI) Membership Application

PERSONAL INFORMATION

Name*: _____

Address*: _____

City*: _____ State*: _____ ZIP*: _____

Country: _____ (If not USA)

Phone*: _____ Fax: _____

Cell: _____

Email*: _____

Company: _____

* REQUIRED FIELDS

MEMBERSHIP COST

Select one:

\$ 50 1-year Membership _____

\$ 90 2-year Membership _____

\$130 3- year Membership _____

PAYMENT METHOD

Select one:

____ Check: Please make check payable to BAMI-I & Mail to BAMI-I, PO Box 568, Selma, AL 36702-0568

____ Invoice: Send payment within thirty days.

____ Credit Card

____ Phone: Please call (888) 817-3788 to Join.

FOR CREDIT CARD PAYMENTS:

MasterCard _____ Visa _____ Discover _____ (Select one)

Card Number: _____ Exp. Date: _____ Security Code: _____

Card Zip: _____