



Bay Area Association of Medical Instrumentation (BAAMI)

Membership Application

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|-------------------------------------|----------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Renewal | <input type="checkbox"/> Student | <input type="checkbox"/> CBET Certified | <input type="checkbox"/> CCE Certified |
|-------------------------------------|----------------------------------|----------------------------------|---|--|

Please complete this form and email it to: TWilli7058@aol.com. See details at bottom.

Name: _____

Employer or School (if Student): _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Area of Expertise: _____

Work Phone: _____ Work eMail: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cel phone: _____

Personal eMail address: _____

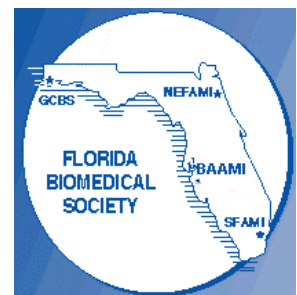
If paying your dues *with a check*, please print and mail this completed application with the \$40.00 annual dues (\$25.00 if student and a copy of School I.D.) to:

Bay Area Association of Medical Instrumentation

c/o Tim Williams

865 N. Village Dr. # 205

St. Petersburg, FL 33716



To pay by Credit Card, please use Paypal from our website: <http://www.baami.com/membership.html>. You will receive a receipt via email.

Then complete and email this form to: TWilli7058@aol.com.