



Bahamas professional Management Association

# 2021 Individual Membership

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Company/Organization Name: \_\_\_\_\_

Division: \_\_\_\_\_

**Email Information:**

Preferred email: \_\_\_\_\_ Alternate email: \_\_\_\_\_

Preferred Mailing Address: Type:  Home  Work  Other

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Which other professional organizations are you a member of? \_\_\_\_\_

**Type of Organization (select ONLY one):**

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**Company/Organization Employee Base:**

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**What do you consider to be your primary area of management expertise? (Select ONLY one)**

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- Hospital/Medical Institutions  Maritime
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- Marine/Maritime  Construction Management
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**Year you started working in a Management Position:** \_\_\_\_\_

**Education:**

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**For your highest level of education, what is your area of study/major? \_\_\_\_\_**

**Your current position currently reports within which organizational group? (Select ONLY one)**

**How did you learn about BPMA? (Select ONLY one)**

Newsletter

**Self Employed: How many years have you been self-employed? \_\_\_\_\_**

**Education:**

High School

Bachelor's Degree

Some College

Master's Degree

**Business Owners: What type of business do you own?**

Engineering

Clothing Boutique

Hair Salon/Barber

Maintenance/Cleaner

Retailer

Other: \_\_\_\_\_

**I declare that the contents in this form is correct and any false information will disqualify me for enrollment in this Association.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### **Application form Fees:**

**Note: Has been reduced, subject to change**

Certified Professional Managers – \$20.00 to **\$10.00**

Non-CPM's - \$25.00 to **\$15.00**

BPMA Discounted Yearly Fee

Yearly Fee - \$150.00

NMA Discounted Yearly Fee

Yearly Fee- \$48.00

Check here if you do NOT want your name and email address available to other members via the member search feature on the BPMA website.

Check here if you do NOT want your name on the national mailing list to be shared or to other organizations, associations or management professionals.

### **BPMA Member Application Form**

Thank you for completing this information.

Please note that application forms are to be returned within 21 days of receipt.

Please email or fax your completed form to: **empowerment.bpma@gmail.com**

BPMA