



**APPLICATION FOR ASSOCIATE MEMBERSHIP**

**Primary**

Date: \_\_\_\_\_

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

Nature of Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

Phone; \_\_\_\_\_ Fax \_\_\_\_\_ cell# \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ Cell # \_\_\_\_\_

EmailAddress \_\_\_\_\_

**Will Secondary be insured?** YES \_\_\_\_\_ NO \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Secondary Signature \_\_\_\_\_

Having signed above application, I am fully aware of and understand my right and privileges as an associate member in the MBMNY Club including but not limited to the following:

1. An Associate Member shall be entitled to all right and privileges of the club except the right to vote.
2. Associate Membership is on a yearly basis and subject to approval and renewal by vote of the Board of Directors.
3. The cost of yearly dues is \$350.00 per Associate Member and \$700.00 for Associate Member and Secondary representative, entitling you and/or your representative, to a \$75,000 life insurance policy.
4. Associate Members are not Resident Managers or Superintendents but are in a related field or business.
5. This application does not guarantee membership. Dues must be paid upon initiation.

**All dues must be paid prior or upon initiation.**

**Michael Baglivo**  
325 East 57<sup>th</sup> Street  
New York, NY 10022  
212-755-9197  
[mbaglivo325@aol.com](mailto:mbaglivo325@aol.com)