



# Bay Area Association of Medical Instrumentation (BAAMI)

## Membership Application

<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal	<input type="checkbox"/> Student	<input type="checkbox"/> CBET Certified	<input type="checkbox"/> CCE Certified
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Please complete this form and email it to: [TWilli7058@aol.com](mailto: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: \_\_\_\_\_

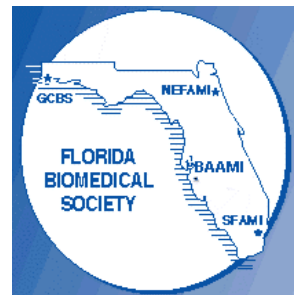
If paying your dues *with a check*, please print and mail this completed application with the \$40.00 annual dues (\$25.00 if student and a copy of School I.D.) to:

**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](mailto:TWilli7058@aol.com).