

# BOMA MEMBERSHIP APPLICATION

## LOCAL ASSOCIATION ADDRESS

**NOTE:** Please return to local association's address at left. Dues information provided by local association.

## LOCAL REPRESENTATIVE INFORMATION (PLEASE TYPE OR PRINT)

FIRST NAME

MIDDLE INITIAL

LAST NAME DESIGNATION(S)

TITLE

COMPANY

ADDRESS

CITY

STATE/PROVINCE 9 DIGIT

ZIP/POSTAL CODE

TELEPHONE

FAX

INTERNET E-MAIL

TYPE OF BUSINESS

HOW LONG IN BUSINESS

NUMBER OF YEARS IN FIELD

## DEMOGRAPHIC INFORMATION (REQUIRED)

1. Occupation (select one)

3. How many square feet of office space do you manage? (select one)

5. What types of properties do you represent? (select all that apply)

6. Where are your properties located? (select one)

2. What is your primary type of business or organization? (select one)

4. How many buildings do you, not your company, manage? (select one)

Government Buildings  
Medical Buildings/hospitals  
High-rise commercial office  
Low-rise commercial office  
Suburban buildings/office parks

Shopping centers/malls  
Schools, colleges, universities  
Office condominiums  
Parking facilities  
Warehouses  
Hotels  
Other

7. What is the maximum purchase you can authorize? (select one)

Sq. Ft.

TOTAL BUILDING RENTABLE AREA

Sq. Ft.

BUILDING OFFICE AREA

Sq. Ft.

BUILDING RETAIL AREA

HOW DID YOU HEAR ABOUT BOMA?

I UNDERSTAND THAT BY PROVIDING MY MAILING ADDRESS, EMAIL ADDRESS, TELEPHONE NUMBER, AND FAX NUMBER, I CONSENT TO RECEIVE COMMUNICATIONS BY OR ON BEHALF OF BOMA VIA REGULAR MAIL, EMAIL, TELEPHONE AND/OR FAX.

I hereby request membership in the Building Owners and Managers Association

APPLICANT SIGNATURE

DATE OF APPLICATION

DUES SCHEDULE:

PRINCIPAL

OTHER

ASSOCIATE/ALLIED

% OF 2017 DUES IS TAX DEDUCTIBLE

**NOTE:** A percentage of your dues payment to BOMA International is deductible for federal income tax purposes as an ordinary and necessary business expense. Contributions or gifts to BOMA International are not deductible as charitable contributions.

