



# 2018 Membership Application

## LOCAL REPRESENTATIVE INFORMATION (Please type or Print)

Name (First, Middle Initial, Last) \_\_\_\_\_ Designations \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Website \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Type of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_ Years in Field \_\_\_\_\_

How did you hear about BOMA? \_\_\_\_\_

*I hereby request membership in the Building Owners and Managers Association*

Applicant Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

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.

### What is your primary type of business/organization?

*Principal Member* -Principal members must be owners or managers of commercial, institutional or multi-family buildings.

- |  |  |
|--|--|
| <input type="checkbox"/> Real Estate Management          | <input type="checkbox"/> Shopping Centers/Malls        |
| <input type="checkbox"/> Asset Management                | <input type="checkbox"/> Schools/Colleges/Universities |
| <input type="checkbox"/> Facilities Management           | <input type="checkbox"/> Office Condominiums           |
| <input type="checkbox"/> Real Estate Investment          | <input type="checkbox"/> Industrial                    |
| <input type="checkbox"/> Government Buildings            | <input type="checkbox"/> Hotels                        |
| <input type="checkbox"/> Medical Buildings/Hospitals     | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Suburban Buildings/Office Parks |  |

*Allied Member* -Allied members are those representing diverse business activities related to the ownership or management interests of Principal Members.

- |  |  |
|--|--|
| <input type="checkbox"/> Financial Services                          | <input type="checkbox"/> Manufacturer/Distribution |
| <input type="checkbox"/> Contractor: Primary Services _____          | <input type="checkbox"/> Parking Operations        |
| <input type="checkbox"/> Consulting Services: Primary Services _____ | <input type="checkbox"/> Utility Company           |
| <input type="checkbox"/> Insurance                                   | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Legal Services                              |  |

### DUES SCHEDULE

- |  |       |   |       |
|--|-------|---|-------|
| <input type="checkbox"/> Principal         | \$580 | <input type="checkbox"/> Principal Additional 2 <sup>nd</sup> & 3 <sup>rd</sup> | \$455 |
| <input type="checkbox"/> Allied            | \$695 | <input type="checkbox"/> Principal Additional 4+                                | \$310 |
| <input type="checkbox"/> Additional Allied | \$695 | <input type="checkbox"/> Professional   | \$615 |

Please make checks payable to Greater Hartford BOMA.

Mail completed form and payment to Greater Hartford BOMA, P.O. Box 30, One Regency Drive, Bloomfield, CT 06002

Fax to (860) 286-0787; or Scan/Email to [asutton@ssmgt.com](mailto:asutton@ssmgt.com)

Questions, call Sharon or Audrey at 860-243-3977

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.