



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 _____ Check # _____

or Visa/ Amex/ MC# _____ Exp. _____

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/Professional Member -Principal members must be owners or managers of commercial, institutional or multi-family buildings. Professional members must work in fields such as architecture, engineering, financial and legal

- | | | |
|------------------------------|----------------------------------|--------------------|
| Real Estate Management | Suburban Buildings/ Office Parks | Hotels |
| Asset Management | Shopping Centers/ Malls | Financial Services |
| Facilities Management | Schools/ Colleges/ Universities | Insurance |
| Government Buildings | Office Condominiums | Legal Services |
| Medical Buildings/ Hospitals | Industrial | |

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

- | | |
|------------------------------------|-------------------|
| Contract: Primary Services _____ | Utility Company |
| Consulting: Primary Services _____ | Cleaning Services |
| Manufacturer/ Distribution | Security Services |
| Parking Operations | Other _____ |

DUES SCHEDULE

Please note that you can include monthly meeting payments with your dues (excluding the golf outing and summer/ winter socials)

Principal

w/o monthly meetings \$580

w/monthly meetings \$705

Additional Principal 2nd and 3rd

w/o monthly meetings \$455

w/monthly meetings \$580

Additional Principal 4+

w/o monthly meetings \$310

w/monthly meetings \$435

Professional

w/o monthly meetings \$615

w/ monthly meetings \$740

Allied

w/o monthly meetings \$695

w/monthly meetings \$820

Additional Allied

w/o monthly meetings \$695

w/monthly meetings \$820

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 or Scan/Email to aangelo@ssmgt.com
Questions, call Jeannie St. Onge or Audrey Angelo at 860-243-9691

Note: 8.9% 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.