

Southern CT BOMA Membership Application

Southern CT BOMA
One Regency Drive, PO Box 30
Bloomfield, CT 06002

Phone (860) 243-3977
Fax (860) 286-0787
E-mail: smoran@ssmgt.com

LOCAL REPRESENTATIVE INFORMATION (Please type or Print)

Name (First, Middle Initial, Last) _____ Designations _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____ Website _____

Telephone _____ Fax _____ E-Mail _____

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 | |

Where are your properties located?

- Downtown
 Suburbs
 Combination

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

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.,

DUES SCHEDULE

- | | | | |
|--------------------------------------------|-------|--------------------------------------------------|-------|
| <input type="checkbox"/> Principal | \$685 | <input type="checkbox"/> Additional Principle | \$365 |
| <input type="checkbox"/> Allied | \$800 | <input type="checkbox"/> Professional | \$700 |
| <input type="checkbox"/> Additional Allied | \$470 | <input type="checkbox"/> Additional Professional | \$420 |

Note: 8.2% 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.