



2019 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 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

Please note that you can include monthly meeting payments with your dues (excluding the golf outing, fishing tournament and holiday social)

- | | |
|---|---|
| <input type="checkbox"/> Principal \$720 (without monthly meetings) | <input type="checkbox"/> Additional Principle \$400 (without monthly meetings) |
| <input type="checkbox"/> Principal \$920 (with monthly meetings) | <input type="checkbox"/> Additional Principle \$600 (with monthly meetings) |
| <input type="checkbox"/> Allied \$835 (without monthly meetings) | <input type="checkbox"/> Professional \$735 (without monthly meetings) |
| <input type="checkbox"/> Allied \$1035 (with monthly meetings) | <input type="checkbox"/> Professional \$935 (with monthly meetings) |
| <input type="checkbox"/> Additional Allied \$505 (without monthly meetings) | <input type="checkbox"/> Additional Professional \$455 (without monthly meetings) |
| <input type="checkbox"/> Additional Allied \$705 (with monthly meetings) | <input type="checkbox"/> Additional Professional \$655 (with monthly meetings) |

Please make checks payable to Southern CT BOMA.

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

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

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

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.