



### 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 \$720

w/monthly meetings \$920

##### **Additional Principal**

w/o monthly meetings \$400

w/monthly meetings \$600

##### **Professional**

w/o monthly meetings \$735

w/ monthly meetings \$935

##### **Additional Professional**

w/o monthly meetings \$455

w/monthly meetings \$655

##### **Emerging Leader** (under 35/ less than 7 years in the industry)

w/o monthly meetings \$250

w/monthly meetings \$450

##### **Allied**

w/o monthly meetings \$835

w/monthly meetings \$1035

##### **Additional Allied**

w/o monthly meetings \$505

w/monthly meetings \$705

**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 or Scan/Email to aangelo@ssmgt.com  
Questions, call Jeannie St. Onge or Audrey Angelo 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.