

BOMA ASSOCIATE MEMBERSHIP APPLICATION

Local Association Address:

BOMA of Greater Tucson
 Jeanie Merideth, Executive Director
 6890 E. Sunrise Drive; Suite 120; #248
 Tucson, AZ 85750
 (520) 299-6787 (office) ~ (520) 299-6431 (fax)



Website: www.bomagt.org
 Email: bomagt@comcast.net

Local Representative Information (Please Type or Print)

| | | | |
|------------------|----------------------|--------------------------|----------------|
| First Name | Middle Name | Last Name | Designation(s) |
| Title | | | |
| Company | | | |
| Address | | | |
| City | State/Province | Zip/Postal Code | |
| Telephone | Fax | Email Address | |
| Type of Business | How Long in Business | Number of Years in Field | |

Dues Schedule:

Associate \$800.00 Associate Additional \$500.00

6 % of dues is tax deductible

PAYMENT INFORMATION:

Check Enclosed Please invoice

Credit Card Number _____

Expiration Date _____ CCV # _____

Signature _____

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.

Associate ~ A legal entity providing professional services to the commercial building industry. This is a non voting member and may not hold an elected office. The only exception is the Associate shall elect the Associate Representatives to the Board of Directors. Monthly meeting fees are included. Associate Members are reported to BOMA International.

Associate Additional ~ No voting rights. Monthly meetings fees are included. Associate Additional is NOT reported to BOMA International.

Who referred you to BOMA? _____

Would you be interested in enrolling a co-worker at a reduced rate? _____

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.

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

Applicant Signature _____ Date of Application _____

Service Listing - Please check all that apply (up to four):

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting/Taxes <input type="checkbox"/> Air Conditioning/HVAC <input type="checkbox"/> Architectural Interiors <input type="checkbox"/> Architecture <input type="checkbox"/> Asphalt/Parking <input type="checkbox"/> Bird Abatement <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Construction/Builder <input type="checkbox"/> Consulting <input type="checkbox"/> Contractor <input type="checkbox"/> Developer <input type="checkbox"/> Document Shredding <input type="checkbox"/> Electrical | <input type="checkbox"/> Elevators <input type="checkbox"/> Engineering <input type="checkbox"/> Environmental Consulting <input type="checkbox"/> Excavating <input type="checkbox"/> Fire <input type="checkbox"/> Infrared Thermography <input type="checkbox"/> Interior Design <input type="checkbox"/> Interior Furniture <input type="checkbox"/> Janitorial <input type="checkbox"/> Landscaping <input type="checkbox"/> Lighting/Interiors <input type="checkbox"/> Mold Remediation <input type="checkbox"/> Paint/Painting | <input type="checkbox"/> Pest Control <input type="checkbox"/> Plumbing <input type="checkbox"/> Refuse Management <input type="checkbox"/> Restoration <input type="checkbox"/> Roofing <input type="checkbox"/> Security/Guards <input type="checkbox"/> Signs <input type="checkbox"/> Telecommunications <input type="checkbox"/> Windows <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ |
|--|--|--|

We are collecting information regarding which Legislative District you live and work in for Advocacy purposes. If you need assistance in locating your Legislative District, please contact the BOMA-GT office at (520) 299-4956.

Legislative District: _____ Home _____ Work