

BOMA PRINCIPAL MEMBERSHIP APPLICATION



Local Association Address:

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

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)

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:

Principal \$875.00 Principal Additional \$700.00

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.

Principal ~ Shall be a legal entity owning, developing, managing, leasing or controlling real estate property located within the boundaries of the County of Pima, State of Arizona. Principal has voting rights. Meeting fees are included.

Principal Additional ~ Same as the Principal with the exception of voting rights. Meetings fees are included.

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 _____
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Demographic Information (Required)

1. Occupation (check one)

- Building Owner
- Facility Manager
- Property Manager
- Real Estate Broker
- Real Estate Investment
- Real Estate Management
- Other _____

2. What type of properties do you represent? (Check all that apply)

- Apartments
- Education Institution
- Government
- High-rise Commercial
- Hotel/Resort
- Low-rise Commercial
- Medical Facility
- Medical Offices
- Shopping Centers/Malls
- Warehouse
- Other _____

Total Building Rentable Area	<input type="text"/> Sq. Ft.	Building Office Area	<input type="text"/> Sq. Ft.	Building Retail Area	<input type="text"/> Sq. Ft.
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BOMA MEMBERSHIP—LEGISLATIVE INFORMATION

NAME _____

COMPANY NAME _____

Please list the address and legislative district for each building that you own or manage. We request this information to assist with Advocacy Day. This will allow us to let each legislator know how many BOMA members live, work, own or manage property within their district. To find your legislative district, go to the BOMA website (www.bomagt.org) and click on Legislation. Cursor down the Legislation page and click on Cap Wiz. Then click on State Officials. You will see a page with a map on it. Above the map is a place to enter your zip code. Enter your zip code and click on "GO". Your Legislators and Legislative District will be displayed.

Address	Legislative District	Number Sq Feet

Your Work Legislative District

Your Home Legislative District

Please list names of ALL Elected Officials you know personally
