

APPLICATION FOR ASSOCIATE MEMBERSHIP
BUILDING OWNERS & MANAGERS ASSOCIATION OF PITTSBURGH
 The Regional Center, 425 Sixth Avenue - Suite 1620, Pittsburgh, PA 15219
 412/261-2328 FAX 412/261-4683 www.bomapittsburgh.org

The undersigned hereby applies for ASSOCIATE membership in this Association, and accepts and agrees to subscribe to the bylaws of said organization, as they exist or as they may hereafter be amended.

Please print all information.

COMPANY INFORMATION

Name of Applicant Company: _____		
Type of Business: _____		
Business Address: _____		
Phone: _____	FAX: _____	WebSite: _____
Sponsor's Signature: _____		Company/Building: _____
<i>Required: You must have the signature of a current Member of BOMA.</i>		

INDIVIDUAL INFORMATION

Principal Representative: _____		Phone: _____
Title: _____	FAX _____	e-mail _____
Mailing Address: _____ <i>If different than above.</i>		
Alternate Representative: _____		Phone: _____
Title: _____	FAX _____	e-mail _____
Mailing Address: _____ <i>If different than above.</i>		

OFFICE USE ONLY

Approved by Board of Governors: _____	Date: _____
<i>President, BOMA/Pittsburgh</i>	
Approved by Membership: _____	Date: _____
<i>Executive Director, BOMA/Pittsburgh</i>	

ASSOCIATE Membership Annual Dues are \$646. Dues are pro-rated as follows:
 January 1 - June 30 100% of annual dues (\$646)
 July 1 - August 30 60% of annual dues (\$388)
 After September 1 100% of following year's dues - Membership effective through December 31 of that year.

YOUR CHECK MUST BE REMITTED WITH YOUR APPLICATION.