

APPLICATION FOR BUILDING MEMBERSHIP

BUILDING OWNERS & MANAGERS ASSOCIATION OF PITTSBURGH

The Regional Center, 425 Sixth Avenue - Suite 1620, Pittsburgh, PA 15219

Phone 412/261-2328

FAX 412/261-4683

www.bomapittsburgh.org

The undersigned hereby applies for membership in this Association, and agrees to subscribe to all bylaws of BOMA, locally and nationally, as they exist or as they may hereafter be amended.

BUILDING

BUILDING NAME: _____

BUILDING ADDRESS _____

Rentable Area: Office _____ Retail _____ Other _____ TOTAL _____

Dues per Schedule \$ _____ Year Opened _____ Building Stories _____

Property Description: _____ General Purpose Office _____ Medical Building

_____ Apartment/Condo _____ Shopping Center/Retail _____ Single Purpose/Corporate

_____ Educational _____ Other _____

REPRESENTATIVE

NAME _____ TITLE _____

COMPANY _____

MAILING ADDRESS _____

PHONE _____ FAX _____ e-mail _____

Designations: _____ RPA Title: _____ Owner _____ Portfolio/Asset Manager

_____ FMA _____ CCIM _____ Building/Facility Manager _____ Engineering/Supervisor

_____ CFM _____ CPM _____ Vice President/Reg. Mgr. _____ Other _____

Number of Alternate Representatives is dependent on square footage of member building. Names of Alternate Representatives (if applicable) will be requested upon membership approval. Additional Individual Memberships (with full National benefits) can be purchased at the annual rate of \$300/each

OFFICE USE ONLY

Approved by Board of Governors _____ Date _____

President, BOMA Pittsburgh

Approved by Membership _____ Date _____

Executive Director, BOMA Pittsburgh

Dues are pro-rated as follows: Jan. 1-June 30: 100% of annual dues

July 1 - August 30: 60% of annual dues

After September 1: 100% of following years dues - Membership effective to Dec. 31 of that year.

YOUR CHECK MUST BE SUBMITTED WITH YOUR APPLICATION.