BOMA Membership Application

LOCAL ASSOCIATION ADDRESS

BOMA/Mississippi P.O. Box 3077 Jackson, MS 39207

Phone: (601)594-7096 or (601)214-4860

E-mail: dawn@overby.net or bomamsinfo@gmail.com

NOTE: Please return to local association's address at left. Dues information provided by local association.

LOCAL REPRESENTATIVE INFORMATION (PLEASE TYPE OR PRINT) FIRST NAME TITLE COMPANY **ADDRESS** CITY **TELEPHONE** Fax Type of Business HOW LONG IN BUSINESS NUMBER OF YEARS IN FIELD **DEMOGRAPHIC INFORMATION (REQUIRED)** 1. Occupation (check one) 2. What is your primary type of 3. How many square feet 5. What types of properties do you 6. Where are your properties business or organization? (check of office space do you manage? O Building Owner represent? (check all that apply) located? (check one) O Building Manager one) (check one) O Government buildings O Downtown O Property management O Less than 50,000 O Medical O Suburbs O Facility Manager O Real estate management O 50,000 - 100,000 buildings/hospitals O Combination O Property Manager O Asset Manager O Manufacturer O 101.000 - 300.000 O High-rise commercial O 301.000 - 600,000 Office 7. What is the maximum purchase you O Banker O Architect O Low-rise commercial can authorize? (check one) O Appraiser O Real estate broker O 601,000 - 1 million O Over 1 million office O Less than \$5,000 O Purchasing Agent O Insurance O Suburban buildings/ ○ \$5,000-\$10,000 O Communications services O Leasing Agent/Broker office parks O \$10,001-\$20,000 O Real estate investment 4. How many buildings do you, not O Investor O Shopping centers/malls O \$20,001-\$50,000 O Distributor/rep. your company, manage? (check O Engineer O Schools, colleges, O \$50,001-\$100,000 O Government one) O Developer Universities O₁ O \$100,001-\$250,000 O Utility Other O Office condominiums O 2-5 O \$250,001-\$500,000 O Education O Parking facilities \bigcirc 6-10 ○ \$500,001-\$750,000 O Architect O Warehouses O11-20 ○ \$750,001-\$1 million O Consultant O Hotels O Contractor \bigcirc 21-50 O Other O Over 50 O Health care O Association Other 0 Sq. Ft. BUILDING RETAIL AREA BUILDING OFFICE AREA

X I UNDERSTAND THAT BY PROVIDING MY MAILING ADDRESS, EMAIL ADDRESS, TELEPHONE NUMBER, AND FAX NUMBER, I CONSENT COMMUNICATIONS BY OR ON BEHALF OF BOMA VIA REGULAR MAIL, EMAIL, TELEPHONE AND/OR FAX.

TO RECEIVE

I hereby request membership in the Building Owners and Managers Association

0 Sq. Ft.



TOTAL BUILDING RENTABLE AREA

HOW DID YOU HEAR ABOUT BOMA?

| APPLICANT SIGNA | GNATURE DATE: | OF APPLICATION |
|-----------------|--|-----------------------|
| | DUES SCHEDULE: O PRINCIPAL\$410 O PRINCI | IPAL ADDITIONAL\$410 |
| | ○ ASSOCIATE\$460 ○ ASSOC | CIATE ADDITIONAL\$460 |
| | 8.31% OF 2024 DUES IS NOT TAX DEDUCTIBLE | |

0 Sq. Ft.