BOMA Membership Appplication

LOCAL ASSOCIATION ADDRESS

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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		MIDDLE INITIAL		LAST NAME DESIGNATION(S)	
TITLE					
COMPANY					
Address					
Сіту	STATE/PROVINCE 9 DIGIT ZIP/POSTAL CODE				
TELEPHONE	Fax Internet E-mail			-	
Type of Business		How Long	LONG IN BUSINESS NUMB		JMBER OF YEARS IN FIELD
DEMOGRAPHIC INFORM	MATION (REQUIRED)				
1. Occupation (check one) O Building Owner Building Manager Facility Manager Property Manager Asset Manager Architect Appraiser Purchasing Agent Leasing Agent/Broker Investor Engineer Oeveloper Other	2. What is your primary type of business or organization? (check one) Property management Real estate management Manufacturer Banker Real estate broker Insurance Communications services Real estate investment Distributor/rep. Government Utility Education Architect Consultant Contractor Health care Association Other	3. How many square feet of office space do you manage? (check one) ○ Less than 50,000 ○ 50,000 – 100,000 ○ 101,000 – 300,000 ○ 301.000 – 600,000 ○ 601,000 – 1 million ○ Over 1 million 4. How many buildings do you, not your company, manage? (check one) ○ 1 ○ 2-5 ○ 6-10 ○ 11-20 ○ 21-50 ○ Over 50	5. What types of you represent? (apply) Government but Medical buildings/hospit. High-rise commoffice Low-rise commoffice Suburban build office parks Shopping century. Schools, colleg Universities Office condom Parking facilitie Warehouses Hotels Other	check all that uildings als mercial mercial dings/ ers/malls ges, iniums	6. Where are your properties located? (check one) Downtown Suburbs Combination 7. What is the maximum purchase you can authorize (check one) Less than \$5,000 \$5,000-\$10,000 \$10,001-\$20,000 \$20,001-\$50,000 \$10,001-\$250,000 \$250,001-\$50,000 \$250,001-\$750,000 \$500,001-\$750,000
OTAL BUILDING RENTABLE AREA	Sq. Ft.	JILDING OFFICE AREA	Sq. Ft.	BUILDING RETAIL AREA SQ.	
COMMUNICATIONS BY OR	AT BY PROVIDING MY MAILING AD ON BEHALF OF BOMA VIA REGUL ship in the Building Owners an O PRINCIPAL O ASSOCIATE	AR MAIL, EMAIL, TELEPHONE AN nd Managers Association DATE OF APPL	D/OR FAX. ICATION ITIONAL		R, I CONSENT TO RECEIVE