BOMA MEMBERSHIP APPLICATION PROPERTY PROFESSIONAL 2024

Building Owners & Managers Association of New Jersey 199 Prospect Ave., PO Box 7250 Phone: 973-696-2914

www.bomanj.org

North Arlington, NJ 07031

E-Mail: Pat.Hanley@bomanj.org

Pat Hanley, BAE Dana McKeon, Membership

LOCAL REPRESENTATIVE INFORMATION (PLEASE TYPE OR PRINT)

		Last Name Design		. ,
	ZIP/POSTAL CODE			
	Cell Phone:			
	How Long in Business Number of Year		5 IN FIELD	
TION (REQUIRED)				
2. What is your primary type of business or organization? (check one) O Property management O Real estate management O Manufacturer O Banker O Real estate broker O Insurance O Communications services O Real estate investment O Distributor/rep. O Government O Utility O Education O Architect O Consultant O Contractor O Health care O Association O Other	3. How many square feet of office space do you manage? (check one) Dess than 50,000 50,000 – 100,000 101,000 – 300,000 601,000 – 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 properties do you represent? (check all that apply) Government buildings Medical buildings/hospitals High-rise commercial Office Low-rise commercial office Suburban buildings/ office parks Shopping centers/malls Schools, colleges, Universities Office condominiums Parking facilities Warehouses Hotels Other		6. Where are your properties located? (check one)
Sq. Ft.	BUILDING OFFICE AREA	Sq. Ft.	Building Retail A	AREA SQ. FT.
	business or organization? (check one) O Property management O Real estate management O Manufacturer O Banker O Real estate broker O Insurance O Communications services O Real estate investment O Distributor/rep. O Government O Utility O Education O Architect O Consultant O Contractor O Health care O Association O Other	TION (REQUIRED) 2. What is your primary type of business or organization? (check one) Property management Real estate management Manufacturer Banker Seal estate broker Insurance Communications services Real estate investment Distributor/rep. Government Utility Education Architect Consultant Contractor Health care Association Other	TION (REQUIRED) 2. What is your primary type of business or organization? (check one) Property management Real estate management Shanker Real estate broker Shanker Shanker Should Shanker Should Sh	TION (REQUIRED) 2. What is your primary type of business or organization? (check one) Property management Real estate management Manufacturer Banker Real estate broker Communications services Real estate investment Distributor/rep. Government Utility Education Architect Consultant Contractor How Long in Business Number of Year. S. What types of properties do you represent? (check all that apply) Government buildings Medical buildings/hospitals High-rise commercial Office Suburban buildings/ office parks Shopping centers/malls Schools, colleges, Universities Universities Office condominiums Parking facilities Warehouses Hotels Other So Ex

O 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



DUES SCHEDULE: See attachment for details or visit www.bomanj.org

NOTE: A percentage of your dues payment to BOMA 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.

DUES DEDUCTIBILITY: 3.69% OF 2024 DUES MAY NOT BE TAX DEDUCTIBLE - SEEK PROFESSIONAL ADVICE