



BUILDING OWNERS AND MANAGERS ASSOCIATION OF OTTAWA



Membership Application / Data Form

Please e-mail this fillable form to coordinator@bomaottawa.org or fax it to us at 613-563-3908

APPLICANT INFORMATION

Type of Membership: **ALLIED**

Applicant (please print or type):

Applicant Name: _____

Company Name: _____

Business Contact Info: _____

Address _____ City _____ Prov _____ PCode _____

Telephone _____ Fax _____ E-mail _____

Type of Service you provide: _____ Years in Business: _____

Head Office Location: _____ Are you a National, Regional or Local Company?

Please complete a separate *Allied Associate* application for additional member(s).

Please provide a short description of your company for our Membership Committee, including years of operation, headquarters and if you are part of a national, regional or local firm. Please limit your description to about 150 words.

MEMBERSHIP REQUEST

I hereby request membership in BOMA Ottawa _____
Applicant Signature _____ Date _____

BOMA Ottawa Allied Membership Applications must be sponsored by two Corporate Members of BOMA Ottawa. A Corporate Member is a BOMA Ottawa Member that is either a Building Owner or Property Management Firm.

Corporate Sponsoring Member #1 _____
BOMA Ottawa Member Name/Company Name

Corporate Sponsoring Member #2 _____
BOMA Ottawa Member Name/Company Name

For Office Use Only: Application Accepted on _____ Dues paid until 31 December 20____ Entered in Database _____

Application Rejected on _____ Reason: _____
