



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 ASSOCIATE

Allied Associate Memberships are additional memberships of existing BOMA Ottawa Members.

Applicant (please print or type):			
Applicant Name: _____			
Company Name: _____			
Applicant Contact Info: _____			
Address	City	Prov	PCode
Telephone	Fax	E-mail	

MEMBERSHIP REQUEST

I hereby request membership in BOMA Ottawa

_____ Applicant Signature _____ Date

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

Application Rejected on _____ Reason: _____
