

**BUILDING OWNERS AND MANAGERS
ASSOCIATION OF OTTAWA**

Membership Application / Data Form

MEMBER INFORMATION

CORPORATE ASSOCIATE

Applicant (please print)

Name: _____

Company: _____

Business Mailing Address: _____

Postal Code: _____ Tel: _____ Fax: _____

Email Address: _____

MEMBERSHIP REQUEST

I hereby request membership in BOMA Ottawa

Applicant Signature _____

Date _____

FOR ASSOCIATION USE ONLY

Approved by Board _____ 20____

Rejected by Board _____ 20____

Dues paid for year ending 31 December 20 ____ YES___ NO

Entered in listing _____ 20____