

BOMA MEMBERSHIP APPLICATION – ALLIED SERVICE PARTNER 2019

LOCAL ASSOCIATION ADDRESS

Building Owners & Managers Association of New Jersey
 PO Box 7250
 North Arlington, NJ 07031

Phone: 973-696-2914

www.bomanj.org

E-Mail: Pat.Hanley@bomanj.org

Pat Hanley, BAE
 Dana McKeon, Membership

LOCAL REPRESENTATIVE INFORMATION (PLEASE TYPE OR PRINT)

FIRST NAME	MIDDLE INITIAL	LAST NAME DESIGNATION(S)
TITLE		
COMPANY		
ADDRESS		
CITY STATE	ZIP/POSTAL CODE	
TELEPHONE	FAX	INTERNET E-MAIL
TYPE OF BUSINESS	HOW LONG IN BUSINESS	NUMBER OF YEARS IN FIELD

DEMOGRAPHIC INFORMATION (REQUIRED)

1. Occupation (check one)

- Owner
- Manager
- New Business Development
- Other _____
- Other _____
- Other _____
- Other _____

2. What is your primary type of business or organization? (check one)

- Janitorial
- Security
- Roofing
- Landscaping
- Interior
- Exterior
- Electrical Contractor
- Energy Management
- Energy Procurement
- Environmental
- Elevators
- HVAC - General
- HVAC Controls
- Energy Management
- Energy Procurement
- Environmental
- Painting
- Pest Control
- Paving

Utility

- Education
- Architect
- Consultant
- Contractor
- Health care
- Association
- Other _____

3. How many customers do you service? (check one)

- Less than 50
- 50 – 100
- 101, – 300
- 301 – 600
- 601 – 1 million
- Over 1 million

5. What types of properties do you service? (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. What areas do you service? (check one)

- Downtown
- Suburbs
- Combination
- Town or Counties?
- _____
- _____
- _____

6. BOMA NJ Member References:

- Name: _____
- Company _____
- Phone: _____
- _____
- Name: _____
- Company _____
- Phone: _____
- _____
- Name: _____
- Company _____
- Phone: _____

Information and/or additional comments we should be aware of while reviewing your application.

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.

2019 DUES DEDUCTIBILITY: 96% OF 2019 DUES MAY BE TAX DEDUCTIBLE – SEEK PROFESSIONAL ADVICE

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This application should be accompanied by a \$105 non-refundable application/maintenance fee which will be assessed each December to hold your position on the wait list for the following calendar year. Your company will be dropped from the wait-list if the fee is not paid within 30 days.

Please be advised that BOMA New Jersey's By-Laws require our membership maintains a 2:1 Property Professional to Allied Service Partner Ratio.

If we are out of ratio you will be placed on our wait list. While on the wait list you will be on our e-mail list and are permitted to attend meetings.

Thank you for your interest in BOMA New Jersey. If you have any questions please contact Pat Hanley, Pat.Hanley@bomanj.org or Dana McKeon, Dana.McKeon@bomanj.org or call us at BOMA New Jersey, 973-696-2914.