

**BUILDING OWNERS & MANAGERS ASSOCIATION  
of  
British Columbia**

**Corporate Business Membership Application**

**CORPORATION / COMPANY** \_\_\_\_\_

*Corporate Name*

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Web Site \_\_\_\_\_

TYPE OF BUSINESS :  Professional Service / Consulting  Building Service  Contracting  Product Sales  Other

DESCRIPTION OF BUSINESS ACTIVITY : *(attach information, if necessary)*

HOW LONG IN BUSINESS? \_\_\_\_\_

NO. OF EMPLOYEES (full time, BC only) \_\_\_\_\_

DOES YOUR COMPANY DO BUSINESS IN CITIES OUTSIDE OF B.C. ?

YES

NO

IF YES, WHERE \_\_\_\_\_

IS YOUR COMPANY A BOMA MEMBER IN THE ABOVE LOCATION ?

YES

NO

OTHER ASSOCIATIONS YOUR COMPANY BELONGS TO \_\_\_\_\_

**ASSOCIATE MEMBER** \_\_\_\_\_

*NAME*

*TITLE*

*E-MAIL*

*The Associate member is typically the President or senior company representative who will hold BOMA voting and office rights.*

**ALTERNATE MEMBERS** - *applies only to corporations with 50 or more employees.*

*NAME*

*TITLE*

*E - MAIL*

1. \_\_\_\_\_

2. \_\_\_\_\_

*( Include mailing addresses - if different from corporate address )*

**PROPOSED FOR MEMBERSHIP BY :** \_\_\_\_\_

*( include name of BOMA property manager, company & tel. no. )*

**CREDIT CARD PAYMENT**

CREDIT CARD \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

NAME ON THE CARD (Please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*\*\*\*Please fax back the completed application to the BOMA office (604) 684-4876*

**WE THANK YOU FOR YOUR INTEREST IN OUR ASSOCIATION**