

BOMA of CENTRAL PENNSYLVANIA MEMBERSHIP APPLICATION

Local Association Address
 BOMA of Central Pennsylvania
 PO Box 684
 Harrisburg, PA 17108-0684

NOTE: Please return to local association's address at left. Dues information provided by local association.

Local Representative Information (Please Type or Print)

First Name	Middle Initial	Last Name	Designation(s)
Title			
Company			
Address			
City	State./Providence 9 Digit	Zip/Postal Code	
Telephone	Fax	Internet E-Mail	
Type of Business	How Long in Business	Number of Years in Field	

DEMOGRAPHIC INFORMATION (REQUIRED)

<p>Occupation (check One)</p> <ul style="list-style-type: none"> <input type="radio"/> Building Owner <input type="radio"/> Building Manager <input type="radio"/> Facility Manager <input type="radio"/> Property Manager <input type="radio"/> Asset Manager <input type="radio"/> Architect <input type="radio"/> Appraiser <input type="radio"/> Purchasing Agent <input type="radio"/> Leasing Agent/Broker <input type="radio"/> Investor <input type="radio"/> Engineer <input type="radio"/> Developer <input type="radio"/> Other _____ 	<p>What is your primary type of business or organization? (check one)</p> <ul style="list-style-type: none"> <input type="radio"/> Property management <input type="radio"/> Real estate management <input type="radio"/> Manufacturer <input type="radio"/> Banker <input type="radio"/> Real estate broker <input type="radio"/> Insurance <input type="radio"/> Communications services <input type="radio"/> Real estate investment <input type="radio"/> Distributor/rep <input type="radio"/> Government <input type="radio"/> Utility <input type="radio"/> Education <input type="radio"/> Architect <input type="radio"/> Consultant <input type="radio"/> Contractor <input type="radio"/> Health care <input type="radio"/> Association <input type="radio"/> Other _____ 	<p>How many square feet of office space do you manage? (check one)</p> <ul style="list-style-type: none"> <input type="radio"/> Less than 50,000 <input type="radio"/> 50,000 – 100,000 <input type="radio"/> 101,000 – 300,000 <input type="radio"/> 301,000 – 600,000 <input type="radio"/> 601,000 – 1 million <input type="radio"/> Over 1 million <p>How many buildings do you, not your company, manage? (check one)</p> <ul style="list-style-type: none"> <input type="radio"/> 1 <input type="radio"/> 2-5 <input type="radio"/> 6-10 <input type="radio"/> 11-20 <input type="radio"/> 21-50 <input type="radio"/> Over 50 	<p>What Types of properties do you represent? (check all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Government buildings <input type="radio"/> Medical buildings/hospitals <input type="radio"/> High-rise commercial Office <input type="radio"/> Low-rise commercial Office <input type="radio"/> Suburban buildings/office parks <input type="radio"/> Shopping centers/malls <input type="radio"/> Schools, colleges, Universities <input type="radio"/> Office condominiums <input type="radio"/> Parking facilities <input type="radio"/> Warehouses <input type="radio"/> Hotels <input type="radio"/> Other _____ <p>Where are your properties located? (check one)</p> <ul style="list-style-type: none"> <input type="radio"/> Downtown <input type="radio"/> Suburbs <input type="radio"/> Combination <p>What is the maximum purchase you can authorize? (check one)</p> <ul style="list-style-type: none"> <input type="radio"/> Less than \$5,000 <input type="radio"/> \$5,000-\$10,000 <input type="radio"/> \$10,001-\$20,000 <input type="radio"/> \$20,001-\$50,000 <input type="radio"/> \$50,001-\$100,000 <input type="radio"/> \$100,001-\$250,000 <input type="radio"/> \$250,001-\$500,000 <input type="radio"/> \$500,001-\$750,000 <input type="radio"/> \$750,001-\$1 million <input type="radio"/> Over \$1 million
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Total Building Rental Area	Sq Ft.	Building Office Area	Sq Ft.	Building Retail Area	Sq Ft.
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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 _____



For Office Use Only

<input type="checkbox"/> PRINCIPAL	Application Rec'd _____
<input type="checkbox"/> PRINCIPAL ADDITIONAL	Check Rec'd _____
<input type="checkbox"/> ASSOCIATE	Check # _____
<input type="checkbox"/> ASSOCIATE ADDITIONAL	Member # _____