

BOMA JACKSONVILLE MEMBERSHIP APPLICATION

Local Association Address

PO Box 24025
Jacksonville, FL 32241
904.328.2202 Phone and Fax
membership@bomajacksonville.com

Note: Please return application to the local association's address at the left. Dues information is provided by local association.

Local Representative Information (Please type or print)

- Principal (Property Manager, Building Owner) Associate (Vendor, Service Provider)

First Name	Middle Initial	Last Name	Designation(s)
Title			
Company			
Address			
City		State	Zip Code
Telephone	Fax	Email	
Type of Business	How long in business	Number of years in field	

Demographic Information

*This section is used for **principal members** that own, develop, manage, lease or controls commercial real estate.*

1. Occupation (check one)

- Building Owner
- Building Manager
- Facility Manager
- Property Manager
- Asset Manager
- Architect
- Appraiser
- Purchasing Agent
- Leasing Agent/Broker
- Investor
- Engineer
- Developer
- Other _____

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

- Property management
- Real estate management
- Manufacturer
- Banker
- Real estate broker
- Insurance
- Communications services
- Real estate investment
- Distributor
- Government
- Utility
- Education
- Architect
- Consultant
- Contractor
- Health care
- Association
- Other _____

3. How many square feet of office space do you manage? (check one)

- Less than 50,000
- 50,000 – 100,000
- 101,000 – 300,000
- 301,000 – 600,000
- 601,000 – 1 million
- Over 1 million

4. How many buildings do you, not your company, manage? (check one)

- 1
- 2-5
- 6-10
- 11-20
- 21-50
- Over 50

5. What types of properties do you represent? (check all that apply)

- Government buildings
- Medical buildings/hospitals
- High-rise commercial office
- Low-rise commercial office
- Suburban bldgs, office parks
- Shopping centers, malls
- Schools, colleges, universities
- Office condominiums
- Parking facilities
- Warehouses
- Hotels
- Other _____

6. Where are your properties located? (check one)

- Downtown
- Suburbs
- Combination

7. What is the maximum purchase you can authorize? (check one)

- Less than \$5,000
- \$5,000-\$10,000
- \$10,001-\$20,000
- \$20,001-\$50,000
- \$50,001-\$100,000
- \$100,001-\$250,000
- \$250,001-\$500,000
- \$500,001-\$750,000
- \$750,001-\$1 million
- Over \$1 million

Total Building Rentable Area _____ SQ. FT. Building Office Area _____ SQ. FT. Building Retail Area _____ SQ. FT.



How did you hear about BOMA Jacksonville? _____

- As part of the requirements for membership, potential **Vendor/Associate Members** are required to list the events they will sponsor as well as the committee(s) they will join. Sponsorship: _____
Committee(s): _____
- 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 International and BOMA Jacksonville via regular mail, email, telephone, and/or fax.
- In order for your application to be presented to the Membership Committee and Board of Directors for vote, this application must be completed in full and signed. You must also submit payment (check or credit card) for your annual dues.

I hereby request membership in the Building Owners and Managers Association:

Applicant Signature

Date of Application

Note: A percentage of your dues payment to BOMA Jacksonville is deductible for federal income tax purposes as ordinary income and necessary business expense. Contributions or gifts to BOMA Jacksonville are not deductible as charitable contributions.