



Building Owners and Managers Association Greater Los Angeles

700 South Flower Street, Suite 1408, Los Angeles, California 90017

phone (213) 629-2662 fax (213) 624-1031

www.bomagla.org

2010

Associate Applicants:

Our Associate Members, through the services and products they provide, are important to our membership. BOMA Greater Los Angeles promotes the concept "**Buy BOMA**" to all its members and their representatives. Associate Members contribute to the success of BOMA/GLA through their attendance at events, participation on our various committees, and their sponsorship commitment to the association. Our Associate Members represent the highest ethical and professional standards in the industry and we value your membership.

Associate Membership Annual Dues: \$ 1,700

Includes:

- Principal Representative and additional Members
- Recognition as an event sponsor at an upcoming Regional event
- An Electronic version of our Membership Database
- The 2010 Membership Directory

Associate Application Criteria

Your membership will be processed following BOMA/GLA's receipt of:

- A. A completed and signed application
- B. Payment of annual dues

The Principal Representative for each company will be federated and recognized as a member by BOMA International located in Washington, DC. This individual will receive communications in matters related to commercial real estate from BOMA International as well as BOMA Greater Los Angeles. Additional members will receive benefits and information from BOMA Greater Los Angeles only.

Associate Member Application

Firm Name	Phone	Fax
Address		Suite
City	State	Zip
Website		

Principal Representative and Additional Member Information*

Principal Representative	Title
Phone	Fax
E-Mail	
Additional Member	Title
Phone	Fax
E-Mail	
Additional Member	Title
Phone	Fax
E-Mail	
<p>This firm is a:(check one) Partnership___ Sole Proprietorship___ Corporation___ LLC___</p> <p>State of Incorporation_____ Date of Incorporation_____</p> <p>No. of Yrs. in Business_____ No. of Yrs. in So. Cal._____</p> <p align="center">The industry focus for BOMA/GLA is commercial, industrial and retail real estate</p> <p align="center">Please provide the following client information</p> <p>Name/Company:_____ Contact:_____</p> <p>Phone:_____</p> <p>Name/Company:_____ Contact:_____</p> <p>Phone:_____</p>	

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Associate Member Application

Please Check up to three (3) categories that describe your firm’s product and / or services

<input type="checkbox"/> Air Conditioning / Refrigeration	<input type="checkbox"/> Energy Consultants	<input type="checkbox"/> Metal Refinishing & Stone Restoration	<input type="checkbox"/> Roofing
<input type="checkbox"/> Air Duct Cleaning	<input type="checkbox"/> Engineering Services	<input type="checkbox"/> Mold Remediation	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Asbestos / Lead Abatement	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Moving and Storage	<input type="checkbox"/> Security Services
<input type="checkbox"/> Automation Controls	<input type="checkbox"/> Exterior Maintenance	<input type="checkbox"/> Non-Profit Organizations	<input type="checkbox"/> Signage / Graphics
<input type="checkbox"/> Blind Cleaning	<input type="checkbox"/> Facility Services	<input type="checkbox"/> Operating Engineers	<input type="checkbox"/> Telecommunication Services
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Fire / Life / Safety	<input type="checkbox"/> Paint / Wallcovering	<input type="checkbox"/> Tenant Demolition Services
<input type="checkbox"/> Building Measurement	<input type="checkbox"/> Fireproofing / Protection	<input type="checkbox"/> Paper Products	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Business Consultants	<input type="checkbox"/> Floor / Wall Covering	<input type="checkbox"/> Parking Lot Maintenance	<input type="checkbox"/> Wall / Furniture Systems
<input type="checkbox"/> Carpet Cleaning	<input type="checkbox"/> Furniture	<input type="checkbox"/> Parking Management	<input type="checkbox"/> Water and Power Providers
<input type="checkbox"/> Catering / Event Planning	<input type="checkbox"/> General Contracting	<input type="checkbox"/> Personnel Agency	<input type="checkbox"/> Waterproofing
<input type="checkbox"/> Code Consultants	<input type="checkbox"/> HVAC	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Window Cleaning
<input type="checkbox"/> Computer / Software Consultants	<input type="checkbox"/> Indoor Air Quality	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Window Treatment and Glass Services
<input type="checkbox"/> Construction Services	<input type="checkbox"/> Interior / Exterior Surfaces	<input type="checkbox"/> Pressure Washing	<input type="checkbox"/> Window Washing
<input type="checkbox"/> Corporate Gift & Promotional Items	<input type="checkbox"/> Interior Planning / Design	<input type="checkbox"/> Printing Services	<input type="checkbox"/> Equipment Manufacturer
<input type="checkbox"/> Damage Restoration	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Project Management	
<input type="checkbox"/> Electrical	<input type="checkbox"/> Lease Administration	<input type="checkbox"/> Refuse / Recycling Services	
<input type="checkbox"/> Electrostatic Coatings	<input type="checkbox"/> Lighting	<input type="checkbox"/> Restoration Services	
<input type="checkbox"/> Elevators / Escalators	<input type="checkbox"/> Media		

Please give any additional information regarding your firm's product or services:

List other business associations to which you are a member: (optional)

The undersigned agrees to the Bylaws and conditions of BOMA/GLA as they may be amended from time to time. I hereby certify that the above information is true. (A copy of our current Bylaws may be found at the www.bomagla.org website or you may request a copy be mailed to you).

It is hereby understood by the undersigned applicant that annual dues (as per the current dues schedule) are based on a calendar year due on January 1st of each year.

Payment for annual dues must accompany application

I understand that by providing my mailing address, E-mail address, telephone number and fax number, I expressly consent to receive communication by or on behalf of BOMA via regular mail, E-mail, telephone and/or fax.

Signed: _____ Firm _____

Print Name: _____ Date: _____



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**BOMA GREATER LOS ANGELES
CREDIT CARD CHARGE FORM**

Date: _____

Company Name: _____

Company Address: _____

Cardholder Name: _____

Cardholder Address: _____

_____ **Zipcode** _____

Card Name: _____

Card Number: _____

Expiration Date: _____

Amount: _____

Signature: _____