



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

Building Membership Application

2010

Please indicate member category

<input type="checkbox"/> Commercial Building-Primary	<input type="checkbox"/> Industrial Building Portfolio	<input type="checkbox"/> Government Building
<input type="checkbox"/> Additional Building (ownership the same as Primary building)	<input type="checkbox"/> Retail Center	

Property / Building

Property/Building Name		Phone	Fax
Address			Suite
City		State	Zip Code
Rentable Area SF	Gross Area SF	No. of Stories/Units	Year Opened
Type of Building (General Office, Retail, Industrial, Medical, Manufacturing, etc.)		Website	

Property Management Company

Company (Management Firm, etc.)			
Contact Executive	Title	Phone	Fax
Address			Suite
City		State	Zip Code
Website		E-Mail	

Building Owner Information

Building True and Recorded Owner			
True:		Recorded:	
Contact Executive	Title	Phone	Fax
Address			Suite
City		State	Zip Code
E-mail			

Principal Representative

The Principal Representative 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 at the federal level from BOMA International as well as information from BOMA Greater Los Angeles.

Name		Title	
Company			
Address		Suite	
City	State	Zip	
Phone	Fax		
Website	E-Mail		

You are encouraged to have other members of your staff receive the many benefits of BOMA Greater Los Angeles.

Additional Members

Additional Members will receive benefits and information through BOMA Greater Los Angeles only.

Name		Title	
E-Mail	Phone	Fax	
Name		Title	
E-Mail	Phone	Fax	
Name		Title	
E-Mail	Phone	Fax	
Name		Title	
E-Mail	Phone	Fax	

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: _____ Date: _____



BOMA Greater Los Angeles 2010 Building Dues Schedule

Corporate Membership	Available
For property owners with ten (10) or more commercial properties	
Commercial BuildingPer rentable sf	\$ 0.01761
Primary Building	
Minimum	\$ 1,004
Maximum.....	\$ 4,584
Additional Building(s)	\$ 1,169
To qualify as an Additional Building member, true ownership must be held under the same entity as the Primary building. The Primary building will be the member property having the greater rentable square footage.	
Government Building	\$ 1,401
Industrial Portfolio	
<u>Total sf</u>	
< 999,000.....	\$ 855
> 1,000,000.....	\$ 4,311
Retail Center	
Single Center	\$ 1,730
Additional Delegate(s) – Federated with BOMA International	\$ 438

Membership dues will include one (1) Principal Representative plus additional BOMA/GLA members.

The Principal Representative for each property 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 at the federal level from BOMA International as well as information from BOMA/GLA for Los Angeles County. BOMA/GLA Members will receive benefits and information through BOMA Greater Los Angeles only.



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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: _____