



## **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

### **Professional Firms and Independent Building Professionals:**

Our Professional Members, through the services and knowledge they provide, are important to our membership. BOMA Greater Los Angeles shall promote the concept "**Buy BOMA**" to all its members and their representatives. Professional 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 Professional Members represent the highest ethical and professional standards in the industry and we value your membership.

### **Professional Membership Annual Dues**

#### **Professional Membership Firm Annual Dues: \$ 1,690**

##### **Includes:**

- Principal Representative and additional members
- An Electronic version of our Membership Database
- The 2010 Membership Directory

#### **Independent Building Professional: \$ 685**

(Not affiliated with a specific building or firm)

### **Professional 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 the 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 at the federal level from BOMA International as well as information from BOMA/GLA for Los Angeles County. All members will receive benefits and information through BOMA Greater Los Angeles only.



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## **Professional Member Application**

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### **Please indicate member category**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Brokerage Services	<input type="checkbox"/> Engineering	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Appraisal Services	<input type="checkbox"/> Consulting Services	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Real Estate Development
<input type="checkbox"/> Architecture	<input type="checkbox"/> Design	<input type="checkbox"/> Insurance Services	<input type="checkbox"/> Property Management
<input type="checkbox"/> Asset Management			

### **Professional Firm Information**

Firm Name	Phone	Fax
Address		Suite
City	State	Zip
Year Firm Organized	No. of Years in Southern California	
Website		

### **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/GLA for Los Angeles County.

Name	Title
Address	Suite
City	State
Phone	Fax
E-Mail	

**Professional Member Application**

**Additional Member Information**

Additional members will receive benefits and information from BOMA Greater Los Angeles only.

Additional Member	Title
Phone	
Fax	
E-Mail	
Additional Member	Title
Phone	
Fax	
E-Mail	
Additional Member	Title
Phone	
Fax	
E-Mail	
Additional Member	Title
Phone	
Fax	
E-Mail	
<p>The 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"><b>The industry focus for BOMA/GLA is commercial, industrial and retail real estate</b></p> <p align="center"><b>Please provide the following client information</b></p> <p>Name/Company:_____ Contact:_____</p> <p>Phone:_____</p> <p>Name/Company:_____ Contact:_____</p> <p>Phone:_____</p>	

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](http://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: \_\_\_\_\_



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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: \_\_\_\_\_