



**BOMA Long Island
ALLIED MEMBERSHIP Application Form**

ALLIED MEMBERSHIP

(Dues \$1,000.00 per annum)

An Allied Member or Additional Allied Member shall be individuals, partnerships or corporations who subscribe to the objectives of this Association, but who do not qualify for Principal Membership. This member shall include individuals engaged in selling supplies, services, products, equipment or utility services to the commercial building industry.

Name: _____

Title: _____

Firm Name: _____

Address (street): _____ Suite: _____

City: _____ State: _____ Zip: _____

Telephone (with area code): _____ Fax (with area code): _____

Email Address (*name@domain.com*): _____

INDUSTRY INVOLVEMENT:

- | | |
|---|--|
| <input type="checkbox"/> Manufacturer's Rep | <input type="checkbox"/> Utility Sales |
| <input type="checkbox"/> General Contractor or CM | <input type="checkbox"/> Service Company |
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Other (please specify): _____ |

Location of Main Office: _____

Number of Employees: _____

Please submit a brief outline of services, and the benefit your organization will bring to BOMA-LI:

PLEASE CONTINUE ON TO P.2 TO COMPLETE YOUR APPLICATION

ALLIED MEMBERSHIP APPLICATION (continued)

References of building owners and/or manager (Long Island based): (Minimum of 5 required).
Please include Name, Telephone Number and Address:

1. _____
2. _____
3. _____
4. _____
5. _____

Sponsor (Must be a Principal Member of BOMA Long Island in good standing):

Name: _____

How did you learn about BOMA Long Island?:

- Current BOMA Member Name and Chapter of Member: _____
- Advertisement
- Membership Brochure
- Current ABLI Member Name of Member: _____
- Current CIBS Member Name of Member: _____
- Other Please Specify: _____

Are you currently a member of any other BOMA Chapter? Yes No
Do you or did you hold any elected office in another chapter? Yes No
If yes, name of chapter and office: _____

I hereby request membership in Building Owners' and Managers' Association of Long Island (BOMA-LI) as an Allied Member. Furthermore, I agree to adhere to the approved By-Laws of BOMA-LI and BOMA International, and will issue a check as specified upon approval by the Board of Directors.

Signature: _____

Date: _____

PLEASE FAX COMPLETED APPLICATION TO KEVIN MURPHY- 516-506-6815

If you have any questions, email kmurphy@rxrrealty.com