



# BOMA Long Island PRINCIPAL MEMBERSHIP Application Form

PRINCIPAL MEMBERSHIP (Dues \$500.00 per annum): A Principal Member or Regular Member shall be a legal entity owning, developing, managing, controlling or otherwise involved with real property located within the boundaries of Nassau and Suffolk Counties, wherein there is no other BOMA Chapter. The right to vote and hold office is held by this member.

ADDITIONAL PRINCIPAL MEMBERSHIP (Dues \$400.00 per annum): An Additional Regular Member shall be an individual associated with a Principal Member. This individual will have all rights and privileges of the association with the exception of the right to vote.

Organization Name: \_\_\_\_\_

Is your organization already a member of BOMA LI? Yes  No

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Check those that apply:  RPA  FMA  SMA  CPM

Other (*please specify*) \_\_\_\_\_

Number of Facilities Owned and/or Managed by Firm: \_\_\_\_\_

Total Square Footage Owned by Firm:			Total Square Footage Managed by Firm:	
# of Bldgs	Sq Feet	Building Type	# of Bldgs	Sq Feet
_____	_____	Office	_____	_____
_____	_____	Industrial	_____	_____
_____	_____	Retail	_____	_____
_____	_____	Residential Community	_____	_____
_____	_____	Medical/HealthCare	_____	_____
_____	_____	Mixed Use	_____	_____
_____	_____	Educational Campus	_____	_____
_____	_____	OTHER	_____	_____

**Please continue on to page 2 to complete your application.**

**Principal Membership Application Page 2**

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 \_\_\_\_\_

Did you belong to BOMA Long Island prior to January 1, 2014:                       Yes                       No

If yes, did you hold any elected position?                       Yes                       No

Please specify: \_\_\_\_\_

**Sponsor Name & Company:** \_\_\_\_\_

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

I hereby request membership in Building Owners' and Managers' Association of Long Island (BOMA-LI) as a Principal 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 or  
email to Diane Dorsi ddorsi@were.com**

If you have any questions email us at [info@bomali.org](mailto:info@bomali.org).