



## BOMA Long Island PROFESSIONAL MEMBERSHIP Application Form

PROFESSIONAL MEMBERSHIP

(Dues \$500.00 per annum)

A Professional Member shall be an individual of recognized professions, including but not limited to architecture, law, engineering and management consultants.

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: \_\_\_\_\_

State License(s): \_\_\_\_\_

Years with Firm: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Professional Organizations to which Prospective Member Belongs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Professional Membership Application Page 2**

References of Building Owners and/or Managers (Long Island based): *(Minimum of 5 required)*

1.	_____	_____	_____
	Name	Company	Telephone
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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, 2007?       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.