



**GREATER MINNEAPOLIS
BUILDING OWNERS & MANAGERS ASSOCIATION**

ADVOCACY & EDUCATION FOR COMMERCIAL REAL ESTATE

Additional Regular Member Application

NAME OF COMPANY: _____

YOUR NAME: _____ TITLE: _____

PROFESSIONAL DESIGNATION(S): _____ PHONE: _____

ADDRESS: _____ FAX: _____

_____ Email: _____

In applying for membership I/we agree to abide by the policies adopted from time-to-time by the Greater Minneapolis Building Owners and Managers Association and to cooperate in supplying statistical information as requested by the Association Office. Payment will be made upon approval of membership and receipt of a statement.

SIGNATURE TITLE DATE

Please have this application signed by your company's Principal BOMA Member or his/her designee.
(To verify the name of your Principal Member, you may call the BOMA Office at (612) 338-8627.)

SIGNATURE OF PRINCIPAL MEMBER TITLE DATE

Return by fax or mail to BOMA Greater Minneapolis at address or fax number shown below.