



Application for Additional Building Membership

NAME OF BUILDING: _____

ADDRESS OF BUILDING: _____

STREET

CITY

STATE

ZIP CODE

RENTABLE SQUARE FOOTAGE _____

(FOR STATISTICAL PURPOSES ... SQUARE FOOTAGE) _____

COMPETITIVE
(MKT RENTAL)

NON-COMPETITIVE
(OWNER OCCUPIED)

RETAIL

HEIGHT IN STORIES: _____

YEAR OPENED: _____

PRINCIPAL REPRESENTATIVE: _____

TITLE: _____

FIRM NAME: _____

PHONE: _____

ADDRESS: _____

FAX: _____

Email: _____

IN APPLYING FOR MEMBERSHIP FOR THIS BUILDING, WE AGREE TO PAY ANNUAL DUES AS INVOICED.

SIGNATURE

TITLE

DATE

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