



BOMA
Oakland/EastBay

2010 MEMBERSHIP APPLICATION

PRIMARY REPRESENTATIVE

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email Address: _____

ALTERNATIVE REPRESENTATIVE

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email Address: _____

TYPES OF MEMBERSHIPS *(Please check the box that applies to your organization):*

PRINCIPAL MEMBERS are legal entities owning, developing, managing, leasing, controlling or otherwise involved in real property located in Alameda, Contra Costa and Solano Counties.

ALLIED MEMBERS provide professional services and/or products to the commercial real estate industry; such as HVAC, janitorial, landscaping, paving, building maintenance, etc.

PROFESSIONAL MEMBERS provide professional services to the commercial real estate industry; such as consulting, consumer lending, attorneys, insurance brokers and retailers.

BUILDING OR COMPANY INFORMATION

Building or Company Name: _____

Building or Company Address: _____

City, State, Zip: _____

Total Sq. Ft. of Building: _____

Type of Company (primary business for listing in the Buyer's Guide): _____

(over)



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MEMBERSHIP DUES INFORMATION

This form will also be considered an invoice. Once you have chosen which membership category your organization fits into, review our membership dues structure chart and select the appropriate dues.

2010 BOMA Oakland/East Bay Dues Structure

PRINCIPAL MEMBERS

Buildings Under 65,000 Sq. Ft.....\$1,030.00

Buildings 65,000-180,000 Sq. Ft.....\$8.27 per 1,000 sq. feet + \$499.00

Buildings Over 180,000 Sq. Ft.....\$2,054.00

Government Buildings.....\$1,030.00

ALLIED MEMBERS.....\$1,133.00 + \$250.00 initiation fee

PROFESSIONAL MEMBERS.....\$1,030.00

METHOD OF PAYMENT

Enclosed is payment for our 2010 Membership Dues:

Amount: _____

Credit Card (Visa or MasterCard): _____ Exp. Date: _____

I apply for membership in the Building Owners and Managers Association of Oakland/East Bay. I agree to abide by its Constitution, By-Laws and Code of Ethics. I irrevocably waive all claims against the Board or any of its Officers, Directors or Members, as to its or their acts to elect, advance, expel or otherwise discipline me as an applicant or as a member. Further, I give permission to BOMA California and BOMA International to contact me by fax, e-mail and post mail, and to publish by contact information in the annual membership directory.

Signature

Date

If someone recommended you to join BOMA Oakland/East Bay, please put their name and company name below:

Name

Company Name

PLEASE MAKE CHECKS PAYABLE TO BOMA OAKLAND/EAST BAY

1000 Broadway, Ste. 355

Oakland, CA 94607

Web: www.bomaoeb.org

Phone: (510)893-8780

Fax: (510)893-3516

Email: robert@bomaoeb.org