

ALLIED MEMBERSHIP APPLICATION 2024



MEMBERSHIP DUES ARE NON-REFUNDABLE. DUES EXPIRE DECEMBER 31ST ANNUALLY.

Please complete the form in its entirety, and sign & date below. Once completed, submit your application and a one page company profile to Matt Caranante, Director of Membership & Events at: matt@bomany.com

PERSONAL & COMPANY INFORMATION

First Name: _____ Last Name: _____

Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Company Website: _____

Company E-Mail: _____

Personal E-Mail: (Required for authentication purposes) _____

Designations/Licenses (Check all that apply):

CPM PE AIA

Licenses, if any: (Please list)

Type Here... _____

How did you find out about BOMA New York?

A Member: (Name) _____

Advertisement: (Name) _____

Website: _____

Other: _____

ALLIED MEMBERSHIP

Allied Members shall consist of representatives from contractors, suppliers of goods or services, and manufacturers or any other companies who serve the real estate industry, in New York City (5 Boroughs) not covered under the definition of the Professional Membership category.



Please Describe Your Firm's Products and Services.

Type Here...

**REMINDER:
SUBMIT A ONE-PAGE PROFILE OF
YOUR COMPANY.**

My company is not a member of BOMA New York. I am joining as the member-of-record.
(See Membership Definition)

**\$2,465
ALLIED
MEMBERSHIP**

As a result of changes adopted as part of the Revenue Reconciliation Act of 1993, 1.9% of your dues payment to BOMA is not deductible by members as an ordinary and necessary business expense.

• PAYMENT INFORMATION

Check Enclosed
 Credit Card

E-Mail for Invoices: _____

Please note: In efforts to remain PCI compliant, we will no longer be accepting credit card information on any forms.

For Check Payments: Please include a copy of the application and make all checks payable to: BOMA New York, One Penn Plaza, Suite 2205, New York, NY 10119. Attn: Matt Caranante.

For Credit Card Payments: Please check the appropriate box above and include the email address where you would like the invoice directed to for payment. You will receive an invoice with a link and instructions on how to make a credit card payment using BOMA NY's payment portal. Once the payment is received, your application will be submitted for Board approval.

By providing the above information, I consent to receive communications from BOMA New York

Signature: _____

Date: _____