

PRINCIPAL AND ASSOCIATE 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 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):

RPA FMA SMA SMT

Licenses, if any: (Please list)

Type Here... _____

How did you find out about BOMA New York?

A Member: (Name) _____

Advertisement: (Name) _____

Website: _____

Other: _____

PRINCIPAL AND ASSOCIATE MEMBERSHIP

Principal Membership may be based on the applicant's ownership and/or management of an individual building or group of buildings whose aggregate size exceeds 50,000 rentable square feet in New York City (5 Boroughs) or ownership and/or management of residential properties aggregating in excess of 100,000 square feet in New York City (5 Boroughs). Principal Members' business responsibilities division/or revenue (more than 51%) shall be from the ownership, lease holding, or management of such real estate. Principal Members include but are not limited to: Corporate Real Estate Professionals, Facilities Managers, Property Managers, Directors of Engineering, Directors of Security, Asset Managers, Managing Directors, Fire/Life/Safety Directors, Real Estate Brokers.



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

\$2,135
PRINCIPAL
MEMBERSHIP

My company already has a primary member-on-record. I am joining as an additional representative.

\$865
ASSOCIATE
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: _____

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BUILDING INFORMATION

Complete for each building covered by your proposed membership – up to 5 buildings

1

Address:

Stories: Year Opened:

Gross Bldg. Sq. Ft: Retail/Other Sq. Ft:

Responsibility: Owner: Manager:

Other: (Specify)

2

Address:

Stories: Year Opened:

Gross Bldg. Sq. Ft: Retail/Other Sq. Ft:

Responsibility: Owner: Manager:

Other: (Specify)

3

Address:

Stories: Year Opened:

Gross Bldg. Sq. Ft: Retail/Other Sq. Ft:

Responsibility: Owner: Manager:

Other: (Specify)

4

Address:

Stories: Year Opened:

Gross Bldg. Sq. Ft: Retail/Other Sq. Ft:

Responsibility: Owner: Manager:

Other: (Specify)

5

Address:

Stories: Year Opened:

Gross Bldg. Sq. Ft: Retail/Other Sq. Ft:

Responsibility: Owner: Manager:

Other: (Specify)

If your membership will have more than five properties, complete the following:

Number of Buildings in Portfolio:

Total SF: Total Office SF:

Total Retail/Other:

Building Locations (List all)