

BOMA MEMBERSHIP APPLICATION

Local Association Address



Attn: Pam Butler
PO Box 331221
Nashville, TN 37203

Phone: 615-780-2136
pam@dpmcare.com

Note: Please return application and check to the address at left.

Applicant Information (Please Type or Print)

Applicant Name _____ Designation(s) _____

Name of Company _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Ext. _____ Fax _____

Cell Phone _____ Email _____

Membership Information

Type Membership (select one)

Principal _____

Dues: \$695.00 Prorated July – Sept \$417.00

This membership is

New _____

Allied _____

Dues: \$720.00 (Prorated July – Sept. \$432.00)

Reactivation _____ Date last active _____

How did you hear about BOMA or who were you referred by? _____

Membership Information

Principal Member Type:

Office _____

Industrial _____

Medical _____

Retail _____

Mixed Use _____

Allied Member Service Type:

I hereby request membership in the Builders Owners and Managers Association of Nashville. I understand that by providing my mailing address, email address, telephone number and fax number, I expressly consent to receive communications by or on behalf of BOMA Nashville and BOMA International.

Applicant Signature _____

Date of Application _____

Date Received _____

Date Approved _____

Notification Sent _____

