



**Property Ownership/Management Information**

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

**Please provide a brief (up to 25 words) description of your firm's activities, and specialties, &/or history for inclusion in the BOMA Edmonton Membership Directory.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In making this application, I agree to abide by the *BOMA Edmonton Code of Conduct* and by the by-laws of the Association. Upon payment of membership dues and approval by the BOMA Edmonton Board of Directors, I will be entitled to all the rights and privileges as a member of BOMA Edmonton. I further understand that my membership will be cancelled on non-payment of dues.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Business References: (Please provide Three)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Office Use Only**

Membership Category: \_\_\_\_\_ Fee Assessed: \_\_\_\_\_

Approved: \_\_\_\_\_  
 Membership Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ BOMA Edmonton President \_\_\_\_\_ Date \_\_\_\_\_

Payment Received  Date: \_\_\_\_\_ Presented Certificate  Date: \_\_\_\_\_

Added to: Membership List \_\_\_\_ Mailing List \_\_\_\_ E-mail List: \_\_\_\_ Fax List: \_\_\_\_