



BUILDING OWNERS AND MANAGERS ASSOCIATION OF OTTAWA

ALLIED MEMBERSHIP APPLICATION

Allied Membership: Is for companies, partnerships and sole proprietorships and their representatives who provide products and or services to the office space industry.

APPLICANT INFORMATION (* Indicates required information)

First Name*	Middle Initial	Last Name*	Designation(s)	
Company Name*				
Type of Business*			Year Business Commenced	
Street*	Suite No.	City*	Province*	Postal Code*
Telephone*	Fax	Email*		

PLEASE COMPLETE AN ASSOCIATE APPLICATION FOR EACH ADDITIONAL ALLIED MEMBER REQUEST FOR MEMBERSHIP

I have read the description of Allied Membership in BOMA Ottawa and hereby request membership in the in the Building Owners and Mangers Association of Ottawa and obtained the sponsorship of the following two current BOMA Ottawa Corporate members in support of my application.

Corporate Sponsoring # 1
BOMA Ottawa *Member Name* BOMA Ottawa *Company Name*

Corporate Sponsoring # 2
BOMA Ottawa *Member Name* BOMA Ottawa *Company Name*

Applicant Signature (please sign and date)

Date

Please Fax this Form to (613) 563-3908 or mail to
BOMA Ottawa, 1005 – 141 Laurier Avenue West, Ottawa, Ontario, K1P 5J3
For questions please call (613) 232-1875