



# BUILDING OWNERS AND MANAGERS ASSOCIATION OF OTTAWA

## ASSOCIATE MEMBERSHIP APPLICATION

**Associate Membership:** Is for additional employees or partners of Corporate or Allied Members who qualify by reason of their nomination by their respective companies.

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 MEMBER

REQUEST FOR MEMBERSHIP

I have read the description of Associate Membership in BOMA Ottawa and hereby request membership in the Building Owners and Mangers Association of Ottawa related to the Corporate Member or Allied Member identified below.

Corporate Member

BOMA Ottawa *Member Name*

BOMA Ottawa *Company Name*

**OR**

Allied Member

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