

# BOMA MEMBERSHIP APPLICATION

## Local Association Address



Attn: Pam Butler  
PO Box 331221  
Nashville, TN 37203

Phone: 615-780-2136  
[pam@dpmcare.com](mailto: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: \$730.00 Prorated July – Sept \$438.00

This membership is

New \_\_\_\_\_

Allied \_\_\_\_\_

Dues: \$755.00 (Prorated July – Sept. \$453.00)

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 \_\_\_\_\_

