

MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____

Position Title: _____

Company Name: _____

Company Address: _____

City: _____ Province: _____ Postal Code: _____

Ph#: _____ Fax#: _____ Email: _____

Company Industry(s): _____

Company Description:

Membership Type: _____

Expectations for BOMA Membership:

Company References:

1) Reference's Name: _____
Reference's Company: _____
Phone#: _____

2) Reference's Name: _____
Reference's Company: _____
Phone#: _____

As a member of BOMA, we keep you informed through the weekly eNews, which keeps you up to date on upcoming events, news and opportunities, as well as through our quarterly newsletter and annual magazine. We only use your contact information for BOMA purposes. Please indicate by checking this box if you **DO NOT** wish to receive this email and other publications.

I have read and agree to abide by the [BOMA Code of Professional Ethics & Conduct](#).

Please email to info@boma.ca or fax to 403.266.5876. You will be contacted once references have been verified.

