

STUDENT MEMBERSHIP APPLICATION

First Name: _____

Last Name: _____

City: _____ Province: _____ Postal Code: _____

Ph#: _____ Fax#: _____

Email: _____

Post-Secondary Institute: _____

Program Description:

Graduation/Projected Graduation Year: _____

Professional References:

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

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

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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.

Please attach a scanned copy of your Student Identification card to this application. If you are participating in an **internship** please attach a letter from your current industry employer.

Applications will not be reviewed until all documentation is received.