



BUILDING OWNERS MANAGERS ASSOCIATION

**Membership Application  
Supplier/Professional Member**

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Designation(s) \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Type of Business

Professional Service/Consulting

Building Service

Contracting

Product Sales/Supply

Other \_\_\_\_\_

How long in business? \_\_\_\_\_

Description of Business Activity \_\_\_\_\_

How did you hear about BOMA New Brunswick?

Member

Website

Email

Colleague

Other \_\_\_\_\_

**Membership Fee (Please check the appropriate dues)**

2010 Fees for Supplier/Professional Membership: \$595 + HST (Term January 1, 2010 to December 31, 2010)

2010 Fees for Canadian Member at Large: \$125 NO HST

**Credit Card Payment**

Visa

MasterCard

Please Invoice: PO # \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Total Charge \$ \_\_\_\_\_

Signature \_\_\_\_\_

By providing the above information, I consent to receive communications from BOMA New Brunswick, or as authorized by BOMA New Brunswick.

I hereby request membership in the Building Owners and Managers Association of New Brunswick.

Applicant Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

Please fax all applications to Meredith Arsenault at (506) 384-5852

BOMA NB P.O. Box 1, Moncton, NB E1C 8R9