



PRINCIPAL SINGLE MEMBERSHIP (\$350 - Under 100,000 sqft, \$650 – 100,000 sqft or larger) AMOUNT \$ _____

International Member: _____ Company _____

Address _____ City, State, Zip _____

Phone: _____ Fax: _____ e-mail: _____

PRINCIPAL BUILDING MEMBERSHIP (\$1,350 - One international member per full membership) AMOUNT \$ _____

International Member: _____ Company _____

Address _____ City, State, Zip _____

Phone: _____ Fax: _____ e-mail: _____

Local Member: _____ e-mail: _____

Local Member: _____ e-mail: _____

PRINCIPAL CORPORATE MEMBERSHIP (\$2,200 - Six members total; three on Intl roster) AMOUNT \$ _____

International Member: _____ Company _____

Address _____ City, State, Zip _____

Phone: _____ Fax: _____ e-mail: _____

International Member: _____ e-mail: _____

International Member: _____ e-mail: _____

Local Member: _____ e-mail: _____

Local Member: _____ e-mail: _____

Local Member: _____ e-mail: _____

ASSOCIATE MEMBERSHIP (\$750 - One international member per full membership) AMOUNT \$ _____

Type of Business _____

International Member: _____ Company _____

Address _____ City, State, Zip _____

Phone: _____ Fax: _____ e-mail: _____

Additional Local Member \$350 : _____ e-mail: _____

BOMA Florida Political Action Committee (PAC) Voluntary Contribution AMOUNT \$ 10.00

TOTAL DUE \$ _____

PAYMENT INFORMATION

Please charge my ___ Visa ___ MasterCard ___ American Express in the amount of \$ _____ or mail your check to **BOMA, 2 S. Biscayne Blvd., #0204, Miami, FL 33131.**

Card No. _____ Exp. Date _____

Name on Card _____ Billing Zip Code _____

Authorized Signature _____ Phone _____