



# Principal Building Membership Application

Please return this application to:  
 BOMA San Francisco, 233 Sansome St., 8th Fl., San Francisco, CA 94104  
 For questions, contact Member Services at 415/362-2662 x15

## BUILDING INFORMATION

Name of Building \_\_\_\_\_

Address of Building \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building Office Phone \_\_\_\_\_ Building Office Fax \_\_\_\_\_

Referred by \_\_\_\_\_

## REPRESENTATIVE INFORMATION

*These 2 reps will be listed in our printed and on-line directories. If you would like additional names listed in our printed and on-line directories, and included on our postal service mailing list, there is an additional fee of \$300 per year. Please provide this information on the reverse side, and include the fee with your dues payment.)* **IMPORTANT MEMBERSHIP NOTE:** *Any employee of a dues paying entity, is considered a member of BOMA San Francisco, and may participate as such. To have those employees added to our email notification list, send names and email addresses to [wendyd@boma.com](mailto:wendyd@boma.com).*

### PRINCIPAL REPRESENTATIVE

### ALTERNATE REPRESENTATIVE

Name \_\_\_\_\_ Name \_\_\_\_\_

Designations RPA  CPM  CCIM  FMA  SMA  Designations RPA  CPM  CCIM  FMA  SMA

Title \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Web \_\_\_\_\_ Web \_\_\_\_\_

#### BOMA SF Use Only

Exec Asst _____	Account # _____	Annual Dues _____	_____ 100% (Q1 & Q2)
Memb Svcs _____	Entry Date _____	Multiple _____	_____ 60% (Q3)
Data Entry _____	New Member Pkg <input type="checkbox"/>	Comments _____	_____ 100% (Q4-next year)
Acctg _____	BOMA Intl <input type="checkbox"/>		
	Web site <input type="checkbox"/>		

**OWNER PROFILE** *(for internal and emergency use only)*

Company \_\_\_\_\_  
Web address \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Does this company own more than one building that is a registered member of BOMA SF?  Yes  No

**MANAGER PROFILE**

*same as owner*

**MANAGEMENT TYPE**

Company \_\_\_\_\_  
Web address \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

- 3rd Party
- Owner/Manager
- Corporate Facility

**LEASING AGENT PROFILE**

*same as owner*

*same as manager*

Company \_\_\_\_\_  
Web address \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**PROPERTY INFORMATION**

Bldg. Type  Multi-tenant  Single Purpose/Corp. HQ  Gov't  Medical  Retail  Other  
Year Built \_\_\_\_\_ A/C?  Yes  No  
Date Last Sold \_\_\_\_\_ Parking  Yes  No  
# Floors \_\_\_\_\_ #Stalls \_\_\_\_\_  
Occupancy \_\_\_\_\_ %

**RENTABLE SPACE**

Rentable Office \_\_\_\_\_ sq. ft.  
Rentable Retail \_\_\_\_\_ sq. ft.  
Total Rentable \_\_\_\_\_ sq. ft.

**CONTRACT & UNION INFORMATION**

	<i>Total</i>	<i>#Directly Employed</i>	<i>#Contracted</i>	<i>Union?</i>	
# Janitors	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
# Engineers	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
# Security	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you interested in receiving discounted scavenger services through BOMA SF?  Yes  No