



Building Owners & Managers Association of Wisconsin, Inc.
Apartment Owners & Managers Association of Greater Milwaukee, Inc.



Membership Application Professional Services Member

Prorated Dues Schedule based on application date:

<u>Jan 1-Mar 31</u>	<u>April 1-June 30</u>	<u>July 1-Sept 30</u>	<u>Oct 1-Dec 31</u>
\$800.00 (yearly)	\$600.00	\$400.00	\$200.00

Primary Member Representative: _____

Secondary Member Representatives: (Please also include dues of \$300 for each additional member representative from the same firm who wishes to become a member) _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

- Referred by: BOMA/AOMA Member (please specify) _____
 Website
 newspaper (please specify) _____
 other (please specify) _____

Type of Business: _____

How long in business: _____ How long in field: _____

What geographic area do you serve: Metro Milwaukee Wisconsin National Other

What National Affiliation do you wish to belong to? BOMA International NAA

Enclosed is my check (payable to BOMA/AOMA Wisconsin) for \$ _____ for primary dues plus _____ secondary members at \$300 each.

Please charge my MC/VISA Card # _____ Exp. _____
 Name (as it appears on card) _____

Please return this application with your payment to BOMA/AOMA Wisconsin:
 11801 W. Silver Spring Drive #200
 Milwaukee, WI 53225
www.boma-wi.org
 phone: 414.278.7557 fax: 414.464.0850 e-mail: Jmacaluso@wamllc.net