



**Membership Application – Office Member**

**Prorated Dues Schedule based on application date:**  
(Dues are determined based on the amount of SF owned/managed by your company in total.)

<u>Category</u>		<u>Jan 1-Mar 31</u>	<u>April 1-June 30</u>	<u>July 1-Sept 30</u>	<u>Oct 1-Dec 31</u>
		(yearly)			
I	up to 50,000 SF	\$810.00	\$610.00	\$400.00	\$210.00
II	50,001-100,000 SF	\$1,010.00	\$760.00	\$510.00	\$260.00
III	100,001-300,000 SF	\$1,210.00	\$910.00	\$610.00	\$310.00
IV	300,001-500,000 SF	\$1,410.00	\$1,060.00	\$710.00	\$360.00
V	500,001-700,000 SF	\$1,610.00	\$1,210.00	\$810.00	\$410.00
VI	700,001-900,000 SF	\$1,810.00	\$1,360.00	\$910.00	\$460.00
VII	900,001-1,100,000 SF	\$1,860.00	\$1,397.50	\$935.00	\$472.00
VIII	1,100,001-1,300,000 SF	\$1,910.00	\$1,435.00	\$960.00	\$485.00
IX	1,300,001 & up	\$1,960.00	\$1,472.50	\$985.00	\$497.50

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) \_\_\_\_\_

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

Please charge my Mastercard / Visa - TOTAL: \_\_\_\_\_  
Card No. \_\_\_\_\_ Exp. \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_  
Full Billing Address \_\_\_\_\_

**Please return this application with your payment to BOMA Wisconsin:**  
11801 W. Silver Spring Drive #200, Milwaukee, WI 53225, [www.boma-wi.org](http://www.boma-wi.org)  
phone: 414.278.7557 fax: 414.464.0850 e-mail: [Jmacaluso@wamilc.net](mailto:Jmacaluso@wamilc.net)