

**BOMA PRINCIPAL MEMBERSHIP APPLICATION**

**Local Association Address**



Attn: Pam Butler  
PO Box 331221  
Nashville, TN 37203

Phone: 615-780-2136  
[pam@dpmcare.com](mailto:pam@dpmcare.com)

**Note:** Please return application and check to the address at left.

**Applicant Information (Please Type or Print)**

Applicant Name \_\_\_\_\_ Designation(s) \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Membership Information**

Type Membership  
Principal \_\_\_\_\_

Dues: \$750.00 Prorated July – Sept \$450.00)

This membership is  
New \_\_\_\_\_

Reactivation \_\_\_\_\_ Date last active \_\_\_\_\_

How did you hear about BOMA or who were you referred by? \_\_\_\_\_

**Membership Information**

Principal Member Type:

Office \_\_\_\_\_ Industrial \_\_\_\_\_ Medical \_\_\_\_\_ Retail \_\_\_\_\_ Mixed Use \_\_\_\_\_

Allied Member Service Type:

\_\_\_\_\_

**I hereby request membership in the Builders Owners and Managers Association of Nashville. I understand that by providing my mailing address, email address, telephone number and fax number, I expressly consent to receive communications by or on behalf of BOMA Nashville and BOMA International.**

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

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

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Notification Sent \_\_\_\_\_

