

# MASTER STUDENT MEMBERSHIP APPLICATION 2024



**MEMBERSHIP DUES ARE NON-REFUNDABLE. DUES EXPIRE DECEMBER 31ST ANNUALLY.**

Please complete the form in its entirety, and sign & date below. Once completed, submit your application and a one page company profile to Matt Caranante, Director of Membership & Events at: [matt@bomany.com](mailto:matt@bomany.com)

## PERSONAL & COMPANY INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Website: \_\_\_\_\_

Company E-Mail: \_\_\_\_\_

Personal E-Mail: (Required for authentication purposes) \_\_\_\_\_

Are you 18 years of age or older?

Yes

No

Date of Birth: \_\_\_\_\_

How Many Years in the Industry, and Previous Roles: \_\_\_\_\_

**How did you find out about BOMA New York?**

A Member: (Name) \_\_\_\_\_

Advertisement: (Name) \_\_\_\_\_

Website: \_\_\_\_\_

Other: \_\_\_\_\_

## STUDENT MEMBERSHIP

Student Membership may be held by a person who is currently enrolled in a college/university and is not employed by a BOMA/NY member firm.

Student membership will be held for a period of one year and re-evaluated at the end of the term.

**Please Describe your Current Area of Study:**

**Please State why You are Interested in BOMA NY:**

**PLEASE ATTACH YOUR SCHOOL ID.  
PLEASE ATTACH A COPY OF  
GOVERNMENT ISSUED IDENTIFICATION.**

I am joining as a student member, and have never held a BOMA NY membership prior to this.

 **\$150 STUDENT MEMBERSHIP**

(Applicant must be 18 years old. Identification will be required.)

As a result of changes adopted as part of the Revenue Reconciliation Act of 1993, 1.9% of your dues payment to BOMA is not deductible by members as an ordinary and necessary business expense.

## PAYMENT INFORMATION

Check Enclosed

Credit Card

E-Mail for Invoices: \_\_\_\_\_

Please note: In efforts to remain PCI compliant, we will no longer be accepting credit card information on any forms.

**For Check Payments:** Please include a copy of the application and make all checks payable to: BOMA New York, One Penn Plaza, Suite 2205, New York, NY 10119. Attn: Matt Caranante.

**For Credit Card Payments:** Please check the appropriate box above and include the email address where you would like the invoice directed to for payment. You will receive an invoice with a link and instructions on how to make a credit card payment using BOMA NY's payment portal. Once the payment is received, your application will be submitted for Board approval.



**By providing the above information, I consent to receive communications from BOMA New York**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_