

BOMA International
BOMA 360 Ambassadors Program Application

(Please Print)

Contact Name _____ Title _____

Company Name _____ Address _____

City, State _____ Zip or Postal Code _____ Country _____

Phone _____ Fax _____ E-Mail _____

I hereby apply, on behalf of the company listed above, for acceptance into the BOMA 360 Ambassadors Program and pledge to implement and adhere to the following program requirements:

1. Educate company personnel, including field sales and service representatives, about the BOMA 360 Performance Program through articles, tutorials, Webinars and other opportunities provided by BOMA International and/or BOMA local associations. Ambassadors will have access to marketing materials and other information from BOMA.
2. Promote the benefits of BOMA 360 to commercial real estate customers and encourage their participation in the program. BOMA will track, via the BOMA 360 applications, applications that can be sourced back to a recommendation from the Ambassador. Once an applicant becomes a 360 designee, the Ambassador that brought in that applicant will be listed on a BOMA 360 Ambassador Honor Roll.
3. Where applicable, provide guidance to customers and applicants or prospective applicants on strategies for meeting program requirements in the form of tips, templates, guidelines, etc. available at no charge from the company. This would not include services that are typically provided by the company on a contract or fee-for-service basis.
4. Share with BOMA International comments on the program from both customers and company personnel. Assist with identifying buildings for case studies to be used by BOMA to promote the value and benefits of the BOMA 360 program.
5. Maintain company's membership in BOMA through local and/or National Associate membership for the term of this agreement.
6. Use the BOMA 360 Ambassador logo only as approved by BOMA International, and do everything reasonable to protect the intellectual property and trademarks of BOMA International with respect to this program.
7. Agree and accept that approval of the application does not represent an endorsement, certification or approval of the company or the company's products or services by BOMA International and shall not be advertised by the company in any way as such. Approval of this application does not constitute approval to act as or advertise the company or any company representative as a BOMA 360 consultant or to charge fees for the requirements listed above.

My signature below signifies that I have the authority to make application on behalf of my company and to agree to the terms and conditions of the program as outlined herein:

Signature _____ Date _____

Enclosed is my check for \$450, payable to BOMA International, **OR**

Please charge my credit card (use credit card authorization form attached)

E-mail with credit card authorization to: BOMA International at BOMA360@boma.org, **OR**

FAX with credit card authorization to: BOMA International at 202-408-2699, **OR**

Mail with check or credit card authorization to: BOMA International, 1101 15th Street, NW, Suite 800, Washington, DC 20005.

This application will be submitted for approval to the BOMA 360 Performance Council. Applicants will be notified of approval status within thirty (30) days of receipt of application. Applications must be submitted with payment in full. BOMA will not invoice for payment. **Questions? Call 202-326-6358 or 6320, or e-mail BOMA360@boma.org.**

Credit Card Authorization Form

I _____, hereby authorize BOMA International to charge my credit card account in the amount of \$_____ dollars, For _____.

Visa

MasterCard

American Express

Credit Card Number: _____

Expiration Date: _____

Card ID #: _____

(4 digit number on front of Amex, 3 digit number on the back of VISA/MasterCard/Discover next to signature.)

Credit Card Billing Address

Street _____

City _____ State _____ Zip _____

Telephone _____

Email address for Receipt _____

I hereby authorize BOMA International to collect payment. I agree that I will pay for this purchase and indemnity and hold BOMA International harmless, against any liability pursuant to this authorization. I understand that my signature on this form will serve as my authorized signature on the credit card charge slip.

Print Name: _____

Company Name: _____

Signature: _____ Date: _____

1101 15th St., NW
Suite 800
Washington, DC 20005
Phone: 202.408.2662, Fax 202.326.6377

BOMA International Use Only

Submitted by: _____

Account Code: _____

