

GBOLA Membership Application

(Please Print)

- Please send me more information on the Government Building Owners & Lessors (GBOLA) Association.
- Please sign me up for membership in GBOLA.

Organization/Company Name

Contact Name & Title

Mailing or Street Address

City, State & Zip Code + 4

Telephone

Number Fax Number

E-Mail Address

FEE SCHEDULE

Regular Members (Owners)

Square feet leased to governmental agency _____

Office _____

Your annual investment in GBOLA is based on a total of \$0.039 per square foot of office space plus \$0.008 per square foot of warehouse space leased to a governmental agency OR \$500, whichever is greater.

Warehouse _____

TOTAL DUE _____

FEE SCHEDULE

Associate Members

(Managers and those closely related to Owners & Managers)

Your annual investment in GBOLA is \$500.

TOTAL DUE _____

- My membership is sponsored by: _____

Name

Organization/Company Name

Today's Date

Signature of Applicant

Title

Please make your check payable to:

GBOLA

Mail application and payment to:

GBOLA •

1428 4th Avenue E. • Olympia, WA 98506

Notice of deductibility of dues for federal income tax purposes: Contributions or gifts to the GBOLA are not deductible as a charitable contribution for federal income tax purposes. Pursuant to Public Law 103-66, that portion of GBOLA dues which is allocable to GBOLA "lobbying" expenses is not deductible from federal income taxes as a business expense. It is estimated that approximately no more than 60% of each member's annual dues will be allocated to GBOLA "lobbying" expenditures for the fiscal year.

Phone: 360.485.2390 • E-Mail: irenapil@comcast.net

GBOLA Membership Directory Information

(Please Print)

Please provide the following information about your business. This information will be included in the Membership Directory and made available to all members.

Company Name: _____

Contact Name & Title: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Category Listing (i.e., Building Owner; Contractor, Glass; Electrical; Maintenance; Etc.):

Brief description of the services you provide: _____

Classification: *Circle One* Regular Member Associate Member

Membership Anniversary Date: _____

For Building Owners Only: (Based on space leased to the State of Washington)

Office Space: _____ Square Feet

Warehouse Space: _____ Square Feet