

Thank you for your support of Chicago Loop Alliance. Because of members like you, we are able to advance a common vision of the Loop as a vibrant global business center and recognized world-class destination.

Please email your completed membership profile to **members@chicagoloopalliance.com**. You may also mail it, along with your dues, to the address at the bottom of this form.

BUSINESS NAME (as it should appear on LoopChicago.com)

PHYSICAL ADDRESS (as it should appear on LoopChicago.com) CITY STATE ZIP

WEBSITE PHONE (as it should appear on LoopChicago.com)

FACEBOOK INSTAGRAM

REFERRED BY

BUSINESS DESCRIPTION (as it should appear on LoopChicago.com)

PLEASE INDICATE YOUR BUSINESS CATEGORY AS IT SHOULD APPEAR ON LOOP CHICAGO.COM:

- | | |
|---|---|
| <input type="checkbox"/> ARTS AND CULTURE | <input type="checkbox"/> SERVICES |
| <input type="checkbox"/> BARS | <input type="checkbox"/> ARCHITECTURE AND ENGINEERING |
| <input type="checkbox"/> BUILDING COMMERCIAL | <input type="checkbox"/> BANKS AND FINANCIAL |
| <input type="checkbox"/> BUILDING RESIDENTIAL | <input type="checkbox"/> HEALTH AND WELLNESS |
| <input type="checkbox"/> EDUCATIONAL INSTITUTIONS | <input type="checkbox"/> INSURANCE |
| <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> LANDSCAPE AND MAINTENANCE |
| <input type="checkbox"/> HOTELS | <input type="checkbox"/> LEGAL |
| <input type="checkbox"/> PARKING AND TRANSPORTATION | <input type="checkbox"/> MARKETING AND COMMUNICATIONS |
| <input type="checkbox"/> RELIGIOUS INSTITUTIONS | <input type="checkbox"/> REAL ESTATE |
| <input type="checkbox"/> RESTAURANTS | <input type="checkbox"/> SHIPPING AND PRINT |
| <input type="checkbox"/> RETAIL | <input type="checkbox"/> OTHER: _____ |

(OVER)



2017 MEMBERSHIP PROFILE (CONTINUED)

The following contacts from your business will receive Chicago Loop Alliance newsletters, announcements and invitations.

PRIMARY CONTACT	TITLE		
DIRECT PHONE	EMAIL		
MAILING ADDRESS	CITY	STATE	ZIP
ADDITIONAL CONTACT	TITLE		
DIRECT PHONE	EMAIL		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
ADDITIONAL CONTACT	TITLE		
DIRECT PHONE	EMAIL		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP

BILLING INFORMATION

BILLING CONTACT (IF DIFFERENT FROM PRIMARY)	TITLE		
DIRECT PHONE	EMAIL		
BILLING ADDRESS	CITY	STATE	ZIP

Membership pricing is based on the number of full-time employees at your business. Please refer to the Membership pricing table when providing the following information.

NUMBER OF FULL-TIME EMPLOYEES: _____

TOTAL: \$ _____

I hereby authorize Chicago Loop Alliance to charge my credit card this amount.

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

SIGNATURE _____

FULL-TIME EMPLOYEES	YEARLY MEMBERSHIP
1-10	\$350
11-25	\$500
25-50	\$750
51-100	\$1,000
101-200	\$1,500
201-300	\$2,000
301-400	\$2,500
401-500	\$3,000
500+	\$3,500

