



2017 MEMBERSHIP PROFILE

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

TWITTER

REFERRED BY

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

Please indicate your business category as it should appear on LoopChicago.com (check all that apply):

ARTS AND ATTRACTIONS

BARS

BUILDINGS: COMMERCIAL

BUILDINGS: RESIDENTIAL

EDUCATIONAL INSTITUTIONS

GOVERNMENT

HOTELS

PARKING & TRANSPORTATION

RELIGIOUS INSTITUTIONS

RESTAURANTS

RETAIL

SERVICES

ARCHITECTURE & ENGINEERING

BANKS & FINANCIAL

HEALTH & WELLNESS

INSURANCE

LANDSCAPING & MAINTENANCE

LEGAL

MARKETING & COMMUNICATIONS

REAL ESTATE

SHIPPING & PRINT

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 THAN 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 Guide to complete the portion below.

FOR-PROFIT
 NON-PROFIT
 INDIVIDUAL
 BILL ME
 CHECK(enclosed)
 CREDIT CARD (continue below)

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

Membership Pricing

FULL-TIME EMPLOYEES*	FOR-PROFIT	NON-PROFIT
1 - 10	\$350	\$250
11 - 25	\$500	\$250
26 - 50	\$750	\$375
51 - 100	\$1,000	\$500
101 - 200	\$1,500	\$750
201 - 300	\$2,000	\$1,000
301 - 400	\$2,500	\$1,250
401 - 500	\$3,000	\$1,500
500 +	\$3,500	\$1,750
Individual	\$250	

* Membership pricing is based on number of full-time employees.

