



MEMBERSHIP APPLICATION

ANNUAL INVESTMENT

NUMBER OF EMPLOYEES	PRICE
Small Business (1–25 employees)	\$500
Medium Business (26–100 employees)	\$1,500
Large Business (101+ employees)	\$3,000
Individual Membership	\$250

To learn more about payment options, flexible plans, and non-profit discounts, please call 312.262.7022 or email Kenna@ChicagoLoopAlliance.com

Please direct any questions and/or the completed application to **Kenna J. Tunis: Kenna@ChicagoLoopAlliance.com (312.262.7022)**, or you may mail it along with your dues to the address at the bottom of this form.

COMPANY INFORMATION

COMPANY NAME

PRIMARY PHONE

ALTERNATE PHONE

EMAIL ADDRESS

WEBSITE

PHYSICAL ADDRESS

MAILING ADDRESS Same as physical address

_____ NUMBER OF FULL-TIME EMPLOYEES _____ PART-TIME EMPLOYEES/STAFF

REPRESENTATIVES

CONTACT #1 (PRIMARY CONTACT)

FIRST NAME

LAST NAME

JOB TITLE

ADDRESS Same as company physical address

CITY

STATE

ZIP CODE

COUNTRY

EMAIL ADDRESS

WORK PHONE

CELL PHONE

ALTERNATE PHONE

Additional company contacts can be listed on following page.

REPRESENTATIVES (continued)

CONTACT #2 (MARKETING CONTACT) Same as primary

FIRST NAME	LAST NAME	JOB TITLE
EMAIL ADDRESS	WORK PHONE	CELL PHONE

CONTACT #3 (OPTIONAL)

FIRST NAME	LAST NAME	JOB TITLE
EMAIL ADDRESS	WORK PHONE	CELL PHONE

CONTACT #4 (OPTIONAL)

FIRST NAME	LAST NAME	JOB TITLE
EMAIL ADDRESS	WORK PHONE	CELL PHONE

CONTACT #5 (OPTIONAL)

FIRST NAME	LAST NAME	JOB TITLE
EMAIL ADDRESS	WORK PHONE	CELL PHONE

CONTACT #6 (OPTIONAL)

FIRST NAME	LAST NAME	JOB TITLE
EMAIL ADDRESS	WORK PHONE	CELL PHONE

If you'd like to add more contacts than space allows here, please just let us know separately.

BILLING INFORMATION

FIRST NAME	LAST NAME	JOB TITLE
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BILLING ADDRESS (<input type="checkbox"/> Same as company physical address <input type="checkbox"/> Same as mailing address)	CITY	STATE	ZIP CODE
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DIRECT PHONE NUMBER	EMAIL ADDRESS
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TOTAL \$ AMOUNT DUE	CARD NUMBER
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EXPIRATION DATE	SECURITY CODE	SIGNATURE
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MARKETING (please skip if applying for individual membership – this section is not applicable for individuals)

This information about your business will display publicly on LoopChicago.com

PHOTOS

Please email **AT LEAST 2** photos with this completed application to Kenna@ChicagoLoopAlliance.com.
Make sure images are at least 2000px x 1000px **HORIZONTAL** orientation

HOURS OF OPERATION	BOOKING URL (IF APPLICABLE)	FACEBOOK LINK
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INSTAGRAM LINK	TWITTER LINK	LINKEDIN LINK
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TIK TOK LINK	YELP LINK	TRIP ADVISOR LINK
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RESULTS SUMMARY – INTRODUCTORY DESCRIPTION

200 Character MAX – an attention grabbing teaser, **written in third person** that entices users to read your business description and engage with your page

MARKETING (continued)

BUSINESS DESCRIPTION

1,600 Character MAX — General information about your business, **written in third person:** what it can deliver, who it serves, what purpose it serves, and other relevant messaging. (should be evergreen, not seasonal or time-sensitive)

Connect and follow Chicago Loop Alliance on social media

 @ChicagoLoopAlliance |  @ChiLoopAlliance |  @Chicago-Loop-Alliance |  @loopchicago |  @loopchicago

BUSINESS TYPE

Please indicate your business category (choose only one):

- | | |
|---|---|
| <input type="checkbox"/> Advocacy & Social Services | <input type="checkbox"/> Marketing & Media |
| <input type="checkbox"/> Architecture, Engineering & Construction | <input type="checkbox"/> Parking & Transportation |
| <input type="checkbox"/> Arts, Cultural Attractions & Entertainment | <input type="checkbox"/> Personal Services, Wellness & Care |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Real Estate & Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Religious Institutions |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Residential Buildings |
| <input type="checkbox"/> Financial, Insurance & Legal | <input type="checkbox"/> Restaurants, Bars & Cafes |
| <input type="checkbox"/> Government | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Hotels & Hospitality | <input type="checkbox"/> Venues & Workspaces |
| <input type="checkbox"/> Individual Member | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Landscaping & Maintenance | |

Please choose AT LEAST ONE OR MORE of the following which best describe your business:

- | | |
|---|---|
| <input type="checkbox"/> Woman-owned | <input type="checkbox"/> Disability-owned |
| <input type="checkbox"/> Minority-owned | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Veteran-owned | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> LGBTQ+-owned | |

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