



BUSINESS MEMBERSHIP APPLICATION

Date: _____

Business Name: _____

Owner/President: _____ Email: _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Business Fax:** _____ **Business Email:** _____

Website: _____ **Facebook URL:** _____ **Twitter Handle:** _____

Year Founded: _____ Number of Employees: _____ **Industry/Business Type:** _____

Please note that only bolded information will appear in public listings.

TYPE OF MEMBERSHIP:

- Small Business - \$175
- Large Business (50+ employees) - \$350
- Non-Profit Organization - \$125
- Developer (Small) - \$500
- Developer (Large) - \$1,000

BILLING INFORMATION:

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

PLEASE SELECT A PAYMENT METHOD:

- Check Enclosed (Make payable to West Loop Community Organization)**
Please mail with application to West Loop Community Organization, 220 N. Green St., Suite 6026, Chicago, IL 60607
- Online (Visit www.westloop.org/membership to pay online)**
Please return application via email to info@westloop.org
- Bill Me**

Additional contacts to receive West Loop Community Organization newsletters, announcements and invitations:

Additional Contact _____ **Title** _____

Direct Phone _____ **Email** _____

Additional Contact _____ **Title** _____

Direct Phone _____ **Email** _____

Thank you for your support of the West Loop – we look forward to serving you!