



**Building Owners and Managers Association of Chicago
Application for Building Membership**

Established in 1902, BOMA/Chicago's mission is to promote the welfare and advance the interests of the office building industry through leadership, advocacy, research, information and professional development.

Property/Building Information:

Building Name _____

Address _____

City _____ State _____ Zip _____

Property Index/PIN Number(s) _____

BOMA/Chicago Primary Contact:

The primary representative for the building will be federated and recognized as a member by BOMA International, located in Washington D.C. This individual will receive communications directly from BOMA International in addition to BOMA/Chicago.

Name: _____

Title: _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Building Statistics:

Year Built _____ Year renovated _____ Age _____ Height _____

Floors _____ Site Area _____ Total office area _____

Largest office rentable floor area _____ Sq. Ft

Smallest office rentable floor area _____ Sq. Ft

Describe your building (check all applicable categories)

Office___ Gov't___ Retail___ Educational___ Mixed use___ Medical Office ___

Other_____

Total Rentable Floor Area (Sq. Ft) Office Space Occupancy (Sq. Ft)

Office_____ Leased Occupied_____

Retail_____ Leased Vacant_____

Residential_____ Vacant_____

Hotel_____ TOTAL_____

Garage_____ Owner Occupied_____

Storage_____ Available for Sublease_____

Other_____ Tenant Businesses_____

Building Management: (Complete if different than primary)

Managing Company_____

Address_____

City/State/Zip_____

Phone_____ Fax_____

Personnel/Human Resources_____

Leasing Information:

Representative_____

Company_____

Phone_____ Fax_____

Ownership Information:

Which of the following best describes the ownership of your building?

Corporate: ___ Family: ___ Insurance: ___ Bank: ___ Pension Fund ___ Other ___

Is the property owner occupied? Yes No

Building Owner Name _____

Address _____

City/State/Zip _____

Country _____

Owner Advisor/Contact _____

Title _____

Company _____

Address _____

City/State/Zip _____

Country _____

Phone _____ Fax _____

The undersigned agrees to the Bylaws and conditions of BOMA/Chicago as they may be amended from time to time. I hereby certify that the above information is true. A copy of our current Bylaws can be found on our website at www.bomachicago.org

It is understood that the annual dues are based on a calendar year due on January 1st each year.

Signed _____

Print Name _____

Date _____

PLEASE RETURN COMPLETED APPLICATION TO BOMA/CHICAGO
115 S. LaSalle St. Suite 2300, Chicago IL 60603 or FAX 312-870-9601