



**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](http://www.bomachicago.org)

It is understood that the annual dues are based on a calendar year due on January 1<sup>st</sup> 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