



## **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:

Building 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)

Management 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 BETH HALAT | [BHALAT@BOMACHICAGO.ORG](mailto:BHALAT@BOMACHICAGO.ORG)

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