



Local First Chicago Premium Membership Application

Fill out and return this form with your check made payable to "Local First Chicago". Please print clearly and mail it to 1946 W Potomac Ave, #2W, Chicago, IL 60622. If you have any questions regarding membership please contact us at info@localfirstchicago.org.

Business Name: _____

Address: _____

Check here if the business has multiple locations

Description of Business (for directory listing): _____

Website: _____

Industry: _____

Neighborhood: _____

Phone: _____ Owner's Direct Phone: _____

Email: _____

Owner's Name: _____

Hours of Operation: _____

Please indicate your membership level

- \$100 = Less than \$500K in revenue
- \$250 = \$500K - \$1 million in revenue
- \$500 = More than \$1 million in revenue

Thank You for Your Interest in Local First Chicago!