



2012 MEMBERSHIP APPLICATION

1250 South Grove Avenue, Suite 200, Barrington, IL 60010
 (P) 224-567-6790 (F) 224-567-6795 • www.brownfieldassociation.org

Step 1: Please select a category of membership:

Membership Rates Includes <i>Dirt E-Talk</i> newsletter; action alerts; access to NBA website; member rate for educational programs and events; and listing in E-Membership Directory.	Private Sector <i>FOR PROFESSIONALS WORKING IN THE PRIVATE SECTOR.</i>	Public Sector* <i>FOR REPRESENTATIVES FROM GOVERNMENT, NON-PROFITS AND ACADEMIA</i> *Proof of status required
Individual Rate: The individual is designated as the member.	___ \$350	___ \$300
Group Rate A (Includes up to 3 individual members): The organization is designated as the member and controls the assignment of up to three (3) designated members to receive individual member benefits. The group name is listed which includes a link to the homepage on the NBA Web site.	___ \$1,200	___ \$950
Group Rate B (Includes up to 7 individual members): The organization is designated as the member and controls the assignment of up to seven (7) designated members to receive individual member benefits. The group name is listed which includes a link to the homepage on the NBA Web site.	___ \$2,700 <i>Additional group members may join at the rate of \$250 per person.</i>	___ \$2,250 <i>Additional group members may join at the rate of \$200 per person.</i>

Step 2: Write in total membership rate:

TOTAL DUE: \$ _____

Step 3: Complete for individual membership (Complete back side *only* for group membership)

Name _____ Title _____

Company _____ Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Indicate Market Sector: Developer Property Owner Public Sector Transaction Support

Check here if you do not wish to be listed in the Membership Directory.

Step 4: Complete payment information and send to NBA.

NBA is a 501 (c)(3) Tax Exempt Organization. Contributions are deductible as provided by the IRS.

Check Enclosed (Payable to NBA, FEIN 36-4274399)

Send Invoice

Charge My Credit Card: Visa MC AMEX

CARD NUMBER: _____ EXP. DATE: _____ CVV CODE: _____

NAME ON CARD (PLEASE PRINT): _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

How did you hear about us?

BFN Co-worker

Event Fax

Internet NBA Member

Other _____

Step 3A: Contact information for group membership.

Organization _____

Address _____

City _____

State _____

Zip _____

Web site _____

Contact Name _____

Title _____

Phone _____

Fax _____

E-mail _____

Indicate Market Sector:

Developer

Property Owner

Public Sector

Transaction Support

Membership Administrator Contact

This is the NBA point of contact regarding membership inquiries.

Name _____

Title _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

E-mail _____

Indicate Market Sector:

Developer

Property Owner

Public Sector

Transaction Support

Attach a list of complete contact information for individuals who will receive member benefits. Be sure to include name, title, organization, address, city, state, zip, telephone, fax, e-mail, and market sector.

Step 5: Mail, fax, or e-mail the application to the NBA.

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