

# INVESTOR APPLICATION

WANT TO JOIN ONLINE? VISIT [GREATERLOUISVILLE.COM/JOIN](http://GREATERLOUISVILLE.COM/JOIN)

## TELL US ABOUT YOUR BUSINESS

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Full Time Employees: \_\_\_\_\_ Business Category: \_\_\_\_\_

Website Address: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_ LinkedIn: \_\_\_\_\_

International Trade?  Export  Import  Both  Neither  Interested in Learning More

In a few words, tell us about your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Ownership Information

Minority Owned? (51% owned and operated)

- No  
 African American  Asian/Asian Indian  
 Hispanic  Native American

Woman Owned? (51% owned and operated)

- No  Yes

### Why did you decide to join?

- Advocacy  
 Business Development  
 Community & Economic Development  
 Connections  
 Cost-saving programs  
 Industry & Health Advisory

## COMPANY REPRESENTATIVES

Please list the individuals you want engaged in GLI initiatives, events or special offerings.

**Main Contact** \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**Other Contact** \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

You may add as many individuals as you'd like. Attach additional names.

## INVESTMENT LEVELS (Choose One)

- \$595 Business Builders
- \$1,150 Primary Investors
- \$3,000 Trustee
- \$5,000 Private 100/Leadership
- \$10,000 President's Circle
- \$25,000 Signature Circle
- \$50,000 Chairman's Club
- \$100,000 CEO Council

### HealthSolutions (Optional)

Industry & Health Administration Fee

- 2-10 Employees \$500
- 11-49 Employees \$750
- 50+ Employees \$1,000

Annual Membership Investment.....\$ \_\_\_\_\_

Industry & Health Administrative Fee.....\$ \_\_\_\_\_  
(Optional)

=

TOTAL \$ \_\_\_\_\_

## PAYMENT INFORMATION

Check enclosed (payable to Greater Louisville Inc.)

Charge to credit card:  VISA  MasterCard  AMEX  Discover

Name on Card: \_\_\_\_\_

Account number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

First Line of Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

## PLEASE COMPLETE AND RETURN WITH PAYMENT

**Mail:** Greater Louisville Inc. - The Metro Chamber of Commerce  
Attn: New Membership  
614 West Main Street, Suite 6000 Louisville, KY 40202

**Fax:** 502.625.0010, Attention: New Membership

**Online:** GreaterLouisville.com

**Questions?** Call 502.625.0000