

# 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/HealthSolutions

## 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 Administrative Fee

- 2-9 Employees \$350
- 10-50 Employees \$750
- 51+ Employees \$1,000

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

Industry & Health Administrative Fee.....\$ \_\_\_\_\_  
(If enrolling in HealthSolutions)



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

\*For investment details visit [www.greaterlouisville.com/join](http://www.greaterlouisville.com/join)

## 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

**Email:** [info@greaterlouisville.com](mailto:info@greaterlouisville.com)

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

**Online:** [GreaterLouisville.com/join](http://GreaterLouisville.com/join)

**Questions:** Call 502.625.0055