

INVESTOR APPLICATION

TELL US ABOUT YOUR BUSINESS

Business Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone: _____ Number of Full Time Employees: _____

Business Category: _____

Complete Website URL: _____

Complete Social Media Tags (@example):



NAICS Code: _____ SIC Code: _____ Year Founded: _____

Calendar Year

Fiscal Year

In a Few Words, Tell Us About Your Business: _____

OWNERSHIP INFORMATION

Is Your Business Minority-Owned (51+%)?

- No
- African American Asian/Asian Indian American
- Hispanic LGBTQ+
- Native American Veteran
- Other Certified Disadvantaged Business

Is Your Business Woman-Owned (51+%)?

- No Yes

Is Your Business a Nonprofit Entity?

- No Yes

COMPANY REPRESENTATIVES

Please list all individuals you want engaged in GLI events, programs, or special offerings. Attach additional names if necessary.

Main Contact: _____

Preferred First Name: _____

Title: _____

Email: _____

WHY DID YOU DECIDE TO INVEST IN GLI?

- Business Development
- Community & Economic Development
- Cost-Saving Programs
- Make Connections
- Public Policy & Advocacy
- Talent & Workforce Needs
- Save on Insurance with Humana HealthSolutions*
- Save Insurance with Anthem ChamberAdvantage*

*Are you currently working with a broker? If so, please list name and agency:

Other Contact: _____

Preferred First Name: _____

Title: _____

Email: _____

If your company is joining GLI to save on health insurance with HealthSolutions, the health insurance discount program through Humana, complete the HealthSolutions section as well as the investment section, where you will select either Business Builder or Primary Investor.

If your company is joining to save on health insurance with Anthem ChamberAdvantage you do not need to pay the Industry & Health Administration Fee through GLI.

INVESTMENT LEVEL (Choose One)

- \$595 Business Builder
- \$1,150 Primary Investor
- \$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



Industry & Health Administration Fee

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

PAYMENT INFORMATION

Credit card transactions are subject to a 3% processing fee. You may also send a check to the address below or contact us at (502) 625-0055 for ACH information.

- Check enclosed (payable to Greater Louisville Inc.)
- Visa MasterCard American Express Discover

Name on Card:

Account Number:

Expiration:

Security Code:

First Line of Billing Address:

Billing Zip Code:

Signature:

PAYMENT SUBMISSION

Once complete, you can return payment through any of the following methods:

- Mail:** Greater Louisville Inc. the Metro Chamber of Commerce
614 West Main Street, Suite 6000 | Louisville, KY | 40202
- Email:** info@greaterlouisville.com
- Fax:** 502.625.0010 | Attention: New Membership
- Questions:** 502.625.0055