

INVESTOR APPLICATION

WANT TO JOIN ONLINE? VISIT 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)

<ul style="list-style-type: none"><input type="radio"/> \$595 Business Builders<input type="radio"/> \$1,150 Primary Investors<input type="radio"/> \$3,000 Trustee<input type="radio"/> \$5,000 Private 100/Leadership<input type="radio"/> \$10,000 President's Circle<input type="radio"/> \$25,000 Signature Circle<input type="radio"/> \$50,000 Chairman's Club<input type="radio"/> \$100,000 CEO Council	+	HealthSolutions (Optional) Industry & Health Administrative Fee <ul style="list-style-type: none"><input type="radio"/> 2-10 Employees \$500<input type="radio"/> 11-49 Employees \$750<input type="radio"/> 50+ Employees \$1,000	Annual Membership Investment.....\$ _____ Industry & Health Administrative Fee.....\$ _____ <small>(If enrolling in HealthSolutions)</small> = TOTAL \$ _____
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*For investment details visit 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

Fax: 502.625.0010, Attention: New Membership

Online: GreaterLouisville.com/join

Questions: Call 502.625.0055