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FRANKLIN, IN 46131

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GREENWOOD, IN 46143

317.888.4856 | **ASPIREJOHNSONCOUNTY.COM**

DEVELOPMENT INVESTOR ENROLLMENT FORM

1. BUSINESS LISTING

(Indicate how you would like your business listed in our public directory.)

Company/Organization name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Website _____

2. MAIN CONTACT PERSON

(List the primary contact for Aspire staff/volunteers that will be displayed in the public directory.)

Dr. Ms. Mrs. Mr. _____

Title _____

Direct phone (____) _____ Cell phone (For Aspire use only) (____) _____

Email (For Aspire use only) _____

In regards to Aspire membership, I:

Am the final decision-maker Equally share in decision Influence the decision

In regards to Aspire sponsorships, I:

Am the final decision-maker Equally share in decision Influence the decision

3. BILLING INFORMATION

(Indicate if different from above.)

Fiscal year begins _____ (month)

Company/Organization name _____

Dr. Ms. Mrs. Mr. _____

Title _____

Billing address _____ City _____ State _____ Zip _____

Direct phone (____) _____ Cell phone (For Aspire use only) (____) _____

Email (For Aspire use only) _____

HR contact _____ Email (For Aspire use only) _____

Marketing contact _____ Email (For Aspire use only) _____

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4. ADDITIONAL EMPLOYEES TO RECEIVE ASPIRE INFORMATION BY EMAIL

(List any other employees to be displayed in the public directory, for no additional charge.)

Dr. Ms. Mrs. Mr. _____

Title _____

Direct phone (____) _____ Cell phone (For Aspire use only) (____) _____

Email (For Aspire use only) _____

Dr. Ms. Mrs. Mr. _____

Title _____

Direct phone (____) _____ Cell phone (For Aspire use only) (____) _____

Email (For Aspire use only) _____

5. COMPANY INFORMATION (Employee count is for the member location.)

Number of full-time employees _____ Number of part-time employees: _____ Year established _____

List any business certifications your organization holds:

6. WHAT PROMPTED YOU TO JOIN Aspire Economic Development + Chamber Alliance?

Aspire staff Aspire newsletter Aspire print directory Aspire mailing Aspire website

Aspire email We're a former member investor Our business needs Just know it's good business practice

We belong to another chamber _____

Encouraged by an Aspire member _____

Encouraged by a business advisor _____

Other _____

7. OUR INTERESTS

To help us better serve you, please tell us the top three reasons why you are joining Aspire:

Support business legislative advocacy Strengthen brand-awareness Increase sales leads

Connect with fellow business leaders Increase business credibility Find local suppliers

Save money on business expenses Support the local community Other _____

In addition to Aspire membership, my organization is interested in learning more about (check all that apply)

Golf outing Email marketing Website marketing Economic development

Program sponsorship Volunteer opportunities Hosting an Aspire event

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8. DIRECTORY LISTINGS AND FEATURES

(Think about how you would normally be listed in the phone book. Visit AspireJohnsonCounty.com for complete list.)

ALL investors complete the following

Directory category #1 _____

Directory category #2 _____

Directory category #3 _____

Directory category #4 _____

Directory category #5 _____

Online business directory search keywords _____

All investors provide your social media URLs

Facebook _____ LinkedIn _____

X/Twitter _____ YouTube _____

Instagram _____

ALL investors provide your online directory listing business profile (50-word max)

9. ASPIRE INVESTOR LEVEL SELECTION

(Select the level in which you would like to invest.)

Visionary \$20,000 President \$10,000 Executive \$6,000 Director \$3,000

10. MY ASPIRE INVESTMENT Aspire Economic Development + Chamber Alliance is a 501c(6) non-profit business association. Membership investment in Aspire may be deductible as an ordinary and necessary business expense and are not a charitable tax deduction for federal income tax purposes. Refer to IRS publications and/or your tax consultant for additional information. **Investment is non-refundable.**

Membership investment \$ _____

Method of payment

New member activation \$ 25.00

Cash Check/money order# _____

Total first-year Aspire investment \$ _____

Please invoice me.

Email invoice to _____

Visa/MasterCard/Amex

Card # _____

Exp. date _____ 3-digit code _____

All card payments are processed as credit and will incur a 3.75% fee.

Username _____

Password _____