

66 SOUTH WATER STREET | 1499 WINDHORST WAY, SUITE 160 FRANKLIN, IN 46131 GREENWOOD, IN 46143

317.888.4856 | ASPIREJOHNSONCOUNTY.COM

# MEMBER INVESTOR ENROLLMENT FORM

1. BUSINESS LISTING (Indicate how you would like you	ır business listed in our publi	c directory.)		
Company/Organization name _				
Address	City		State	Zip
Phone ()	Fax ()	Website		
2. MAIN CONTACT PERSON (List the primary contact for Aspire		isplayed in the public directory.)		
□ Dr. □ Ms. □ Mrs. □ Mr				
Title				
Direct phone ()		Cell phone (For Aspire use only)	()	
Fax number ()		Email (For Aspire use only)		
In regards to Aspire membership	, l:			
$\square$ Am the final decision-maker	$\square$ Equally share in decision	$\square$ Influence the decision		
In regards to Aspire sponsorships	s, I:			
$\square$ Am the final decision-maker	$\square$ Equally share in decision	$\square$ 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 S	State	Zip
Direct phone ()		Cell phone (For Aspire use only)	()	
Fax number ()		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.)  $\square$  Dr.  $\square$  Ms.  $\square$  Mrs.  $\square$  Mr. Direct phone (\_\_\_\_) Cell phone (For Aspire use only) (\_\_\_\_) Fax number (\_\_\_\_) \_\_\_\_\_ Email (For Aspire use only) □ Dr. □ Ms. □ Mrs. □ Mr. \_\_\_\_\_ Title \_\_ Direct phone (\_\_\_\_) Cell phone (For Aspire use only) (\_\_\_\_) Fax number (\_\_\_\_) \_\_\_\_\_ Email (For Aspire use only) 5. COMPANY INFORMATION Number of full-time employees \_\_\_\_\_\_ Number of part-time employees: \_\_\_\_\_ Year established \_\_\_\_\_ **Diverse business certifications:** □ 8 (A) certification □ LGBTBE certification □ WBE certification □ DOBE certification □ MBE certification □ HUBZone certification □ VOSB certification **Demographic groups:** ☐ Disability-owned business ☐ Minority-owned business ☐ Woman-owned business ☐ LGBTQ-owned business ☐ Veteran-owned business 6. WHAT PROMPTED YOU TO JOIN Aspire Economic Development + Chamber Alliance? ☐ Aspire newsletter ☐ Aspire print directory ☐ Aspire mailing ☐ Aspire website ☐ Aspire staff □ 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 □Other\_\_\_\_\_ ☐ Save money on business expenses ☐ Support the local community 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  $\square$  Program sponsorship  $\square$  Volunteer opportunities  $\square$  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 members complete the follow	ing			
Directory category #1				
Directory category #2				
Directory category #3				
Online business directory se	earch keywords			
Engaged, Advocate, Impact and m	embers complete	the following		
Directory category #4				
Impact members complete the foll	owing			
Directory category #5				
All members provide your social m	nedia URLs			
Facebook		LinkedIn		
X/Twitter		YouTube		
Instagram				
10. MY ASPIRE INVESTMENT AS	like to invest.)  □ Engaged \$630 spire Economic Dev	O (75 employees max) Connected \$420 (30 employees max)  Velopment + Chamber Alliance is a 501c(6) non-profit business deductible as an ordinary and necessary business expense and are not		
information. <b>Investment is non-refu</b>	ndable.	ses. Refer to IRS publications and/or your tax consultant for additional		
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		
		$\square$ Visa/MasterCard/Amex		
		Card #		
Username		Exp. date 3-digit code		
Password		A 3 25% fee will be incurred for credit card nayments		