

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

Company/Organization name			
Address	City	State	Zip
Phone () Website			
2. MAIN CONTACT PERSON (List the primary contact for Aspire staff/volunteers that wil	l be displayed in the pu	blic directory.)	
□ Dr. □ Ms. □ Mrs. □ Mr			
Title			
Direct phone ()	Cell phone (For A	Aspire use only) ()	
Email (For Aspire use only)			
In regards to Aspire membership, I:			
\Box Am the final decision-maker \Box Equally share in de	cision 🗌 Influence	ce the decision	
In regards to Aspire sponsorships, I:			
\Box Am the final decision-maker \Box Equally share in de	cision 🗆 Influence	ce 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 A	Aspire use only) ()	
Email (For Aspire use only)			
HR contact	Email (For Aspire	use only)	
Marketing contact	Email (For Aspire	e 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 (<i>For Aspire use only</i>) ()
Email (For Aspire	e use only)
□ Dr. □ Ms.	□ Mrs. □ Mr
Title	
) Cell phone (<i>For Aspire use only</i>) ()
Email (For Aspire	e use only)
5. COMPANY	INFORMATION (Employee count is for the member location.)
Number of full-t	ime employees Number of part-time employees: Year established
2	ss certifications your organization holds:
	MPTED YOU TO JOIN Aspire Economic Development + Chamber Alliance? Aspire newsletter Aspire print directory Aspire newsletter Aspire print directory
	\Box We're a former member investor \Box Our business needs \Box Just know it's good business practice
	another chamber
-	by an Aspire member
	by a business advisor
-	

7. OUR INTERESTS

To help us better serve you, please tell us the top three reasons why you are joining Aspire:					
\Box Support business legislative advocacy	\Box Strengthen brand-awareness	\Box Increase sales leads			
\Box Connect with fellow business leaders	\Box Increase business credibility	\Box Find local suppliers			
\square Save money on business expenses	\Box 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

Username _____ Password _____

(Think about how you would normall	y be listed in the ph	one 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 t	he following	
Directory category #4			
Impact members complete the foll	owing		
Directory category #5			
All members provide your social m	edia URLs		
		LinkedIn	
X/Twitter		YouTube	
Instagram			
9. ASPIRE MEMBER INVESTOR (Select the level in which you would l		N	
□ Impact \$1,800 □ Advocate \$900	□ Engaged \$650	(75 employees max)	
association. Membership investment	in Aspire may be d l income tax purpos	elopment + Chamber Alliance is a 501c(6) non-profit business eductible as an ordinary and necessary business expense and a ses. Refer to IRS publications and/or your tax consultant for add	
Membership investment	\$	Method of payment	
New member activation	\$ <u>25.00</u>	□ Cash □ Check/money order#	
		□ Please invoice me.	
Total first-year Aspire investment	\$	Email invoice to	
		□ Visa/MasterCard/Amex	
		Card #	

A 3.75% fee will be incurred for credit card payments.

Exp. date _____ 3-digit code _____