

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	cebook LinkedIn		
X/Twitter		YouTube	
Instagram			
•	like to invest.) □ Engaged \$650	O(75 employees max) Connected \$435 (30 employees max) velopment + Chamber Alliance is a 501c(6) non-profit business	
association. Membership investment	t in Aspire may be o	deductible as an ordinary and necessary business expense and are not oses. 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	
		□ Visa/MasterCard/Amex	
		Card #	
Username		Exp. date 3-digit code	
Password		A 3 75% fee will be incurred for credit card nayments	