



Member Investor Application

Business Name _____
 Physical Address _____ City _____ ST ____ Zip _____
 Mailing Address _____ City _____ ST ____ Zip _____
 Business Phone _____ Date Business Established _____ Number of Employees (FT/PT) _____
 Website Address _____ Social Media/Facebook _____
 Business Directory Category _____

-For printed/website member directory | Additional Business Listings - \$10 per additional listing~

How do you prefer for us to communicate with you? Email __ Phone __ Mail __ (*In order to receive communication via email, it must be marked.)

CONTACT INFO

Primary Representative

Name _____ Title _____

Business Address (if different from above) _____ City _____ ST ____ Zip _____

Email Address _____ Phone _____

Additional Representative

Name _____ Title _____

Email Address _____ Phone _____

Billing Representative

Billing Representative Name _____ Title _____

Billing Address (if different from above) _____ City _____ ST ____ Zip _____

Email Address _____ Phone _____

Billing Information

Select Investment level.

General - Level 1	
General - Level 2	
General - Level 3	
General - Level 4	
Financial Institutions	
Lodging Facilities	
Non-Profit	
Utility Companies	

Member Investment Amount \$ _____

Payment Method

Check ____ Invoice ____ Cash ____ Credit Card ____

Credit Card Information

Card # _____ Exp. date _____

Security Code _____ Zip Code _____

Signature _____ Date _____