



# New Investor Application & Information

For office use only: Chamber Rep: \_\_\_\_\_ Investor Type: \_\_\_\_\_ Date Joined: \_\_\_\_\_ Month of Renewal: \_\_\_\_\_  
N: \_\_\_\_\_ E: \_\_\_\_\_ Roster: \_\_\_\_\_ ABC: \_\_\_\_\_ CAT: \_\_\_\_\_ : \_\_\_\_\_  
C: \_\_\_\_\_ WC: \_\_\_\_\_ FB: \_\_\_\_\_ CC: \_\_\_\_\_ : \_\_\_\_\_

**Business Name:** (Use the name you want to be known as and as it will appear in the directory)

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Email address: \_\_\_\_\_  Don't Publish Email

Website: \_\_\_\_\_

Facebook Link: \_\_\_\_\_ Twitter Handle: \_\_\_\_\_

Date Business was established (local office operation) month & year: \_\_\_\_\_

## Business Type (Check One):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Communications/Utilities               | <input type="checkbox"/> Construction  | <input type="checkbox"/> Distribution   | <input type="checkbox"/> Engineering & Technology Devel. |
| <input type="checkbox"/> FIRE (Finance, Insurance, Real Estate) | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining         | <input type="checkbox"/> Retail                          |
| <input type="checkbox"/> Sales                                  | <input type="checkbox"/> Services      | <input type="checkbox"/> Transportation | <input type="checkbox"/> Wholesale                       |
|   |  | <input type="checkbox"/> Other: _____   |  |

## Organization Type:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Publicly Held Corporation  | <input type="checkbox"/> LLC                 | <input type="checkbox"/> Partnership       | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Privately Held Corporation | <input type="checkbox"/> Non Profit- 501(c)3 | <input type="checkbox"/> Non Profit- other | <input type="checkbox"/> Other: _____        |

## Check one or more:

- |                                     |                                 |   |                                       |  |
|-------------------------------------|---------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Home-based | <input type="checkbox"/> Propel | <input type="checkbox"/> Minority-owned | <input type="checkbox"/> Female-owned | <input type="checkbox"/> Veteran-owned |
|-------------------------------------|---------------------------------|---|---------------------------------------|--|

## Reason for Investing:

- |   |                                    |  |                                      |
|---|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Networking/Exposure    | <input type="checkbox"/> Advocacy  | <input type="checkbox"/> Business Development  | <input type="checkbox"/> Information |
| <input type="checkbox"/> Credibility & Branding | <input type="checkbox"/> Workshops | <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Events      |

**Name and title of person to be designated as Main Representative:**

(Check one)  Mr.  Mrs.  Ms. Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address (if different from above) : \_\_\_\_\_

**Secondary Representative:**

(Check one)  Mr.  Mrs.  Ms. Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address (if different from above) : \_\_\_\_\_

**Additional Key Representative:**

(Check one)  Mr.  Mrs.  Ms. Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address (if different from above) : \_\_\_\_\_

**Number of employees (local office/operations only):** Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**Annual Investment:** \$ \_\_\_\_\_ **Payment Method:**  Check enclosed

Cash

Invoice \*

**Billing Information:** \*If invoice is to be sent to someone other than primary member, please specify.  
(Check one)  Mr.  Mrs.  Ms. Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address (if different from above) : \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the signed form to: Hardin County Chamber of Commerce  
495 Main St., Savannah, TN 38372

Or send via email to: [director@hardincochamber.com](mailto:director@hardincochamber.com) | [info@hardincochamber.com](mailto:info@hardincochamber.com)

## Investment Structure

### Associate Member (Non-Voting)

Individual	\$40.00
Senior—60 and over	\$30.00
Church	\$50.00
Civic Organizations and Clubs	\$50.00
Educational Facilities	\$50.00
- High School, Colleges, etc.	

### Business Member (Voting)

Professionals (including Real Estate)	
- First professional with business name	\$125.00
- Each additional professional	\$100.00

Banks	
1-10 employees	\$350.00
11 and over	\$750.00

General Business	
1-10 employees	\$150.00
11-20 employees	\$225.00
21-30 employees	\$300.00
31-50 employees	\$375.00
51-99 employees	\$425.00
100 and over	\$475.00

\*\$475.00 for the first 100 and then \$1.00 for each employee over 100. \$750.00 max

Large Utilities	\$750.00
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Marinas & Land Development Companies	\$475.00
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\*Professional includes anyone paying a state personal privilege tax.

Financial institutions other than banks use general business.

General business may include hospitals, government agencies other non-profits.