



# 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"/> Agriculture                           | <input type="checkbox"/> Construction/Contractors               | <input type="checkbox"/> Restaurants         |
| <input type="checkbox"/> Architectural & Engineering Services  | <input type="checkbox"/> Distribution/Warehousing               | <input type="checkbox"/> Retail Stores       |
| <input type="checkbox"/> Associations & Organizations          | <input type="checkbox"/> Event Planning/Catering/Venues         | <input type="checkbox"/> Sales               |
| <input type="checkbox"/> Audio-Visual Services/Broadcast Media | <input type="checkbox"/> FIRE (Finance, Insurance, Real Estate) | <input type="checkbox"/> Salon               |
| <input type="checkbox"/> Automotive Sales/Parts/Service        | <input type="checkbox"/> Florists/Nurseries/Garden Centers      | <input type="checkbox"/> Social Services     |
| <input type="checkbox"/> Bank                                  | <input type="checkbox"/> Healthcare Provider                    | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Business/Professional Services        | <input type="checkbox"/> Hotels & Lodging                       | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Computer/IT Services                  | <input type="checkbox"/> Manufacturing                          | <input type="checkbox"/> Utilities           |
|  | <input type="checkbox"/> Medical Equipment/Sales/Services       | <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) : \_\_\_\_\_

**\*Member benefits begin when payment is received.**

**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	\$50.00
Church	\$100.00
Civic Organizations and Clubs	\$100.00
Educational Facilities	\$100.00
- 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.



## Base Investor Benefits

*Connect • Grow • Educate • Lead*

- Annual Member Certificate
- Annual Member Decal
- Digital Member Decal
- New Member Announcement
- Ribbon Cutting - Grand Opening
- Lobby Marketing Display
- Listing in Online Business Directory
- Workshops & Trainings
- TN SBDC Consulting Referral
- Exclusive Member Pricing for Events
- Business Referrals
- Materials in Relocation Packages
- Investor Mailing List
- Investor Mailing Labels
- Access to Conference Room
- Booth Space at Career Expo
- Your events posted to website calendar
- Your events in weekly newsletter
- Your events shared to Chamber Facebook
- Hiring announcements in newsletter
- Hiring announcements on Chamber Facebook
- Facebook shares: 1-2 per month when tagged
- Access to Leadership HC
- Networking opportunities
- Opportunity to host Business After Hours
- Materials in event swag bags
- Voting rights at the Annual Meeting
- Opportunity to serve on the Chamber board