

HealthSolutions

— Hardin County Chamber + Greater Louisville Inc. —

MEMBERSHIP APPLICATION

TELL US ABOUT YOUR BUSINESS

Business Name: _____

Address: _____

Phone: _____ Number of Full Time Employees: _____ Business Category: _____

Website Address: _____

Facebook: _____ Twitter: _____ LinkedIn: _____

In a few words, tell us about your business: _____

COMPANY REPRESENTATIVES

Please list the individuals you want engaged in Hardin County Chamber of Commerce initiatives, events or special offerings.

Main Contact _____

Preferred First Name _____

Title _____

Email _____

Other Contact _____

Preferred First Name _____

Title _____

Email _____

You may add as many individuals as you'd like. Attach additional names.

JOIN

<p><input type="radio"/> \$595 Regional Membership (include membership in both Hardin Co & GLI)</p>	+	<p>HealthSolutions Industry & Health Administrative Fee</p> <p><input type="radio"/> 2-9 Employees \$350</p> <p><input type="radio"/> 10-50 Employees \$750</p> <p><input type="radio"/> 51+ Employees \$1,000</p>	<p>Annual Membership Investment.....\$ _____</p> <p>Industry & Health Administrative Fee.....\$ _____</p> <p style="text-align: right;">=</p> <p>TOTAL \$ _____</p>
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*For membership details visit www.hardinchamber.com/healthsolutions

PAYMENT INFORMATION

Check enclosed (payable to GLI - Greater Louisville Inc.)

Charge to credit card: VISA MasterCard AMEX Discover

Name on Card: _____

Account number: _____ Security Code: _____ Expiration date: _____

First Line of Billing Address: _____ Billing Zip Code: _____

Signature: _____

PLEASE COMPLETE AND RETURN WITH PAYMENT

Mail: Greater Louisville Inc. -
The Metro Chamber of Commerce
Attn: New Membership
614 West Main Street, Suite 6000 Louisville, KY 40202

Email: info@greaterlouisville.com

Fax: 502.625.0010

Questions: Call 502.625.0055