



# INVESTOR APPLICATION

**NAME**

## PHYSICAL ADDRESS

Street					
City		State		Zip	
Phone 1		Phone 2			
Website					
Company Email					

## MAILING ADDRESS (if different)

Street					
City		State		Zip	

## PRIMARY CONTACT

First Name		Last Name			
Street					
City		State		Zip	
Phone - work			Phone - cell		
Email					

## ADDITIONAL CONTACT

First Name		Last Name			
Street					
City		State		Zip	
Phone - work			Phone - cell		
Email					

Continue 

**ANNUAL INVESTMENT**

- \_\_\_\_\_ \$ 50 Student or Senior (65+)
- \_\_\_\_\_ \$ 75 Individual
- \_\_\_\_\_ \$ 75 Home-based Business (no brick & mortar location)
- \_\_\_\_\_ \$ 100 Non-Profit Organization (with 501c3 or 501c6 status)
- \_\_\_\_\_ \$ 150 Bronze
- \_\_\_\_\_ \$ 500 Silver
- \_\_\_\_\_ \$ 1,000 Gold
- \_\_\_\_\_ \$ 2,500 Platinum
- \_\_\_\_\_ \$ 5,000 Titanium

**OPTIONAL QUESTIONS – this information is helpful for Chamber of Commerce records**

Years in Business in Dade	Number of Employees	Revenue
_____ Less than one year	_____ 1 to 10	_____ \$50,000 or less
_____ 1 to 5 years	_____ 11 to 50	_____ \$50,001 - \$250,000
_____ 6 to 10 years	_____ 51 to 100	_____ \$250,001 to \$500,000
_____ 11 to 20 years	_____ 100 to 500	_____ \$500,001 to \$1,000,000
_____ More than 20 years	_____ More than 500	_____ More than \$1,000,000

**RECOGNITION**

\_\_\_\_\_ Yes! Include my name/organization on the Alliance for Dade website

**PAYMENT**

\_\_\_\_\_ Credit Card                      \_\_\_\_\_ Check enclosed (make payable to: Alliance for Dade)

Credit Card Number			
Name on Card		Exp Date	
Security Code		Zip	

*Please mail your completed application to:* Alliance for Dade, P.O. Box 222 Trenton, GA 30752  
*Or drop it off at the Welcome Center:* 12362 South Main Street Trenton, GA 30752

**Thank You for Investing in the Alliance for Dade!**