



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
_____	\$100	Home-based Business (no brick & mortar location)
_____	\$100	Non-Profit Organization (with 501c3 or 501c6 status)
_____	\$165	Small Business Partner
_____	\$250	Business Partner
_____	\$300	Professional Level
_____	\$500	Corporate Partner
_____	\$1000	Executive Level
_____	\$1500	Premier Level

INNER CIRCLE INVESTORS

_____	\$2000	SILVER
_____	\$2500	GOLD
_____	\$5000	PLATINUM
_____	\$10,000	TITANIUM

AL-A-CART BENEFITS

_____	\$25/mo	Facebook Job posting for additional month or additional post for a month
_____	\$15 each email	Electronic access to investor membership list
_____	\$75 each listing	Enhanced listing in a directory for Dade Co. Business
_____	\$15 a month	Add job posting to newsletter (2 listings per month)
_____	\$100	Banner ad for one(1) section on website for 3 months
_____	\$200	Banner ad for one(1) section on website for 6 months
_____	\$300	Banner ad for one(1) section on website for 12 months

ADDITIONAL INFORMATION

Years in Business in Dade	Number of Employees	Revenue
<input type="checkbox"/> Less than one year	<input type="checkbox"/> 1 to 10	<input type="checkbox"/> \$50,000 or less
<input type="checkbox"/> 1 to 5 years	<input type="checkbox"/> 11 to 50	<input type="checkbox"/> \$50,001 - \$250,000
<input type="checkbox"/> 6 to 10 years	<input type="checkbox"/> 51 to 100	<input type="checkbox"/> \$250,001 to \$500,000
<input type="checkbox"/> 11 to 20 years	<input type="checkbox"/> 100 to 500	<input type="checkbox"/> \$500,001 to \$1,000,000
<input type="checkbox"/> More than 20 years	<input type="checkbox"/> More than 500	<input type="checkbox"/> 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!