



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!