



MEMBERSHIP APPLICATION

NEXT STEPS

Jumpstart your membership!

MEMBER ORIENTATION AND NETWORKING

Indy Chamber Member Orientation

Join us for a free orientation to start your new membership off on the right foot!

Learn more at IndyChamber.com/Events

Create your online profile.

- Complete your company's directory listing
- Upload member-to-member discounts and more!

Login today IndyChamber.com/MemberDirectory

Register for an upcoming event and start connecting!

From networking to educational events to small business workshops, the Indy Chamber's events calendar has something for everyone!

Register today IndyChamber.com/Events

COMPANY INFORMATION

Organization/Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Business Phone: (____) _____ Main Business Fax: (____) _____

Website: www._____._____

Twitter Handle: @_____

Year Established Locally: _____ Choose One: Headquarters Branch

Number of employees in Indianapolis region (9-county area): _____

Annual Revenue: \$_____ (For internal purposes only. This will not be published.)

ORGANIZATION CONTACTS

You have the opportunity to register additional staff online at indychamber.com/memberdirectory

Main Contact

This contact will receive account-related information in addition to regular Indy Chamber communications.

Name: _____ Title: _____

Email: _____ Direct Phone: (____) _____

Executive Assistant Name: _____ Executive Assistant Email: _____

CEO/Head of Local Operations

Name: _____ Title: _____

Email: _____ Direct Phone: (____) _____

Executive Assistant Name: _____ Executive Assistant Email: _____

Billing Contact Same As Main

This contact will receive billing and account-related information only.

Name: _____ Title: _____

Email: _____ Direct Phone: (____) _____

Chamber Liaison Same As Main

This contact will receive communications related to member benefits.

Name: _____ Title: _____

Email: _____ Direct Phone: (____) _____

The following contacts will receive communications related to member benefits and events related to their areas of interest.

Human Resources

Name: _____ Email: _____

Marketing

Name: _____ Email: _____

Information Technology

Name: _____ Email: _____

By listing your organizational emails on this application, you will be opted-in to Indy Chamber email communications including Monday Morning Memo. I do not wish to receive email communications from the Indy Chamber outside of transactional emails related to my membership.

MEMBERSHIP APPLICATION (continued)

ORGANIZATION/COMPANY INFORMATION

Is your business (optional): Minority-Owned Woman-Owned Hispanic-Owned Veteran-Owned

Industry Category: **Please choose one.**

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Agriculture, Fishing & Forestry | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Marketing, Advertising & Media | <input type="checkbox"/> Utilities & Environment |
| <input type="checkbox"/> Arts, Culture & Entertainment | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Personal Services & Care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Automotive, Aviation & Marine | <input type="checkbox"/> Government & Education | <input type="checkbox"/> Pets & Veterinary | |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Health Care | <input type="checkbox"/> Real Estate & Construction | |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Shopping & Retail | |
| <input type="checkbox"/> Employment & Staffing | <input type="checkbox"/> Industrial & Manufacturing | <input type="checkbox"/> Sports & Recreation | |
| <input type="checkbox"/> Events & Meetings | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Technology | |
| <input type="checkbox"/> Family, Community & Non-Profit | <input type="checkbox"/> Logistics | <input type="checkbox"/> Travel & Tourism | |

Business Category: _____

MEMBERSHIP INFORMATION

Membership Level: Silver Gold Signature Private 100 Commercial Club Leadership Circle

Amount due: _____

Signature _____ Date _____
By typing your name here, you are signing this application electronically.

PAYMENT OPTIONS

CREDIT CARD

Visa American Express Mastercard Discover

Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Name on Card: _____

Billing Address: _____

City: _____ State: ____ Zip: _____

Signature: _____

By typing your name here, you are signing this application electronically.

DIRECT DEPOSIT (ACH CREDITS) AUTHORIZATION AGREEMENT

Company Name: _____ Company ID Number _____

I (we) hereby authorize Indy Chamber, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our): (select one) **Checking Account** or **Savings Account** indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) canceled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me(or either of us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____

Date _____ Signature _____

CASH **CHECK #** _____

By typing your name here, you are signing this application electronically.

AUTO RENEWAL AGREEMENT

I understand that this is a one year membership which will automatically renew one year from date of application. I may cancel my membership at any time by calling Member Services at 317.464.2222. Membership dues are refundable within 30 days of each term period. If method of payment is credit card, I authorize the Indy Chamber to charge my credit card per the authorized amount of my membership based on the terms selected.

I understand and agree to auto-renewal of my Indy Chamber membership.

I do not wish to enroll in auto-renewal of my Indy Chamber membership.

Signature: _____ Date: _____

By typing your name here, you are signing this application electronically.

Save time! Fill out your application at IndyChamber.com/Apply!

**SUBMIT COMPLETED APPLICATION TO YOUR MEMBERSHIP RELATIONS MANAGER
OR EMAIL TO MEMBERSERVICES@INDYCHAMBER.COM.**

03.12.20

INTERNAL USE ONLY

Payment Information
Date Authorized: _____
Approval #: _____
Auth. #: _____
Total Amount: _____
Clerk: _____
Top Investor _____
Invitee: _____
Top Investor Email: _____
Top Investor Date _____
Entered: _____
Sold By: _____
Approved By: _____
Verified By: _____