



# HEALTH ALLIANCE MEMBERSHIP APPLICATION

## BROKER INFORMATION

Broker Name: \_\_\_\_\_ Broker Company Name: \_\_\_\_\_  
Broker Email: \_\_\_\_\_

## COMPANY INFORMATION

Organization/Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Business Phone: (\_\_\_\_) \_\_\_\_\_ Number of employees in Indianapolis region (9-county area): \_\_\_\_\_

## ORGANIZATION CONTACTS

*You have the opportunity to register additional staff online at [indychamber.com/memberdirectory](http://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: \_\_\_\_\_

## 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) cancelled it in writing and that th

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 in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it. time, and

Name(s): \_\_\_\_\_ ID Number: \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

### CASH

### CHECK # \_\_\_\_\_

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

## 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: \_\_\_\_\_