

New Member Checklist and Agreement

Today's Date _____

Organization Information

Business Name _____
(this is how your company will be displayed online or in print)

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(if different from physical address)

Billing Address _____ City _____ State _____ Zip _____
(if different from physical address)

County _____ Business Phone (____) _____ Fax (____) _____

E-mail _____ Website Address _____

Product/Service Category _____

(Four words or less for directory placement. For example: real estate sales, restaurant, manufacturer, office supplies, etc.)

of Full-time Employees _____ # of Part-Time Employees _____

Main Contact Information

First Name _____ Last Name _____

Title _____ E-mail _____

Additional Contacts

First Name _____

Last Name _____

Title _____

E-mail _____

First Name _____

Last Name _____

Title _____

E-mail _____

Help us help you! Our goal of having a more diverse and inclusive membership begins with identifying those businesses that feel marginalized. Let us know who you are so we may be able to better assist you.

My company is

- _____ Minority-Owned
- _____ Woman-Owned
- _____ Veteran-Owned
- _____ LGBTQ-Owned
- _____ None of the above

_____ I agree to allow 1si to contact me and/or our company representative(s) by e-mail, fax, or phone.

Three easy ways to become a member:

- Mail a completed application and check to 4100 Charlestown Road, New Albany, IN 47150
- Go to 1si.org and click JOIN
- Call 812.945.0266 if you have questions



4100 Charlestown Road
 New Albany, IN 47150
 p. 812.945.0266
 f. 812.948-4664
 www.1si.org



Choose Your Package

- Classic - \$490 _____
- Nonprofit - \$350 _____
- Retired Executive - \$189 _____
- Associate - \$189 _____
- Elite - \$800 _____
- Regional Advantage - \$1,600 _____
- MMA - \$1,800 _____
- Premier - \$2,770 _____
- + application fee - \$25
- TOTAL DUE: \$ _____

- Sign me up for Automatic Recurring Billing (ARB)!
 I want to pay my membership:
- Monthly Quarterly Semiannually Annually

Charge my VISA Mastercard American Express Discover

Card Number.....

Expiration Date CVV or CID Code.....(3 or 4-digit code listed on card)

Name as it appears on card

Signature

Billing address of card

One Southern Indiana does not store credit card, debit card or banking information



Membership Application

Our Mission

To help businesses thrive in the Southern Indiana and Louisville Metro area



Our Vision

That our Southern Indiana region will be economically strong, and all businesses will flourish, providing viable jobs, prosperity, and quality of place



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 New Albany, IN 47150
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