



MEMBER – INVESTOR PROFILE
(Please Print)

Company Name: _____

Investor Classification: _____

Investor Fee: _____

CONTACT #1 VOTING MEMBER

Name: _____

Title: _____

Mailing Address: _____

E-Mail Address: _____

Website: _____

Phone Number: _____

Fax Number: _____

CONTACT # 2

Name: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

CONTACT # 3

Name: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Please mail, e-mail or fax the completed form to our office. Mailing address: 120 Hollywood Drive, Suite 101, Butler, PA 16001. E-mail to mbarlow@butlercountycdc.com. Fax to (724) 283-3599.

Thank you!!