



Use your credit card to join online at [www.HoustonLGBTChamber.com](http://www.HoustonLGBTChamber.com)

Fill out all information completely. Please print clearly.

Business & Demographic information for internal use only.

BUSINESS NAME

Mr. Ms. Other

PRIMARY CONTACT NAME SUFFIX (MD, PhD, MA, LMT, JR, ETC.)

TITLE

BUSINESS ADDRESS APT/SUITE

CITY STATE ZIP

Please check here if the above is a residential address.

Yes

BUSINESS TYPE/CATEGORY NON-PROFIT ORGANIZATION?

OFFICE PHONE ( ) EXTENSION

FAX ( )

MOBILE ( )

OTHER ( )

EMAIL

WEBSITE ADDRESS

HOW DID YOU LEARN ABOUT THE CHAMBER?

CHAMBER REP:

Please call me to discuss how I can be more involved with the Chamber.

Annual Membership Dues Investment

- \$2,500 President's Circle
\$1,500 Executive Membership
\$ 750 Premium Membership
\$ 550 Plus Membership
\$ 365 Connect Membership

MEMBER DEMOGRAPHICS\*

EMPLOYEES / SALES

EMPLOYEES (Full-time equivalent):

GROSS RECEIPTS/ANNUAL SALES:

PRIMARY CONTACT DEMOGRAPHICS

GENDER IDENTITY

- FEMALE
MALE
Trans-Man F TO M
Trans-Woman M TO F
Queer
NONE / OTHER

SEXUAL ORIENTATION

- ASEXUAL
BISEXUAL
GAY
HETEROSEXUAL
LESBIAN
PANSEXUAL
QUESTIONING
NONE / OTHER

MINORITY BUSINESS STATUS (if applicable)

- LGBT OWNED
MINORITY OWNED
WOMAN OWNED
OTHER
Certified?

Business must be owned, operated and controlled by individual or group indicated above who have at least 51% ownership.

\* Demographic information is requested to assist us in measuring our organizational diversity. This information is not used in connection with your membership; it is for internal use by the Chamber. It will never be shared or included in your online or print listings.

Major employers and businesses with 100 or more employees are invited to participate in the Chamber as Corporate Partners. Contact the Chamber at 832-510-3002 or info@HoustonLGBTChamber.com for more information on our customized Corporate Partner benefits.

\$ Membership Investment (from above)

Method of Payment: Check or Money Order Visa Mastercard AMEX

\$ 35.00 Processing Fee (first year only)

CARD NUMBER EXPIRATION DATE

(if CC billing address is different from above, please provide)

\$ Total Payment

NAME AS IT APPEARS ON CARD CCV/CCID

Application/Payment Endorsement

X SIGNATURE DATE

SIGNATURE

By signing above and/or submitting this application you... Confirm that you are the owner/manager of this business with authority to enter into agreements on behalf of the business. Agree to abide by the Chamber's Standards of Business Conduct & Ethics. (Available online at www.HoustonLGBTChamber.com) Have read and understand the Chamber's Membership Payment Terms and Conditions, Privacy Policy and Website Terms & Conditions. (Available online at www.HoustonLGBTChamber.com) Authorize the Chamber to publish your name, photo and/or business information in the Chamber's newsletter, online directory, print directory and other publications. Understand that the Chamber will use your email address for sending general communications and invoices.

On occasion the Chamber allows limited one-time use of our member/contact information to certain community organizations as a services to our Members and our community. Please check here if you do NOT want your information included.

Membership Applications are subject to administrative and/or Board approval.

Please contact the Chamber for Corporate Partnership information.

Please Fax or Mail completed Application along with payment to:

Greater Houston LGBT Chamber of Commerce
1302 Waugh Drive, Box 114
Houston, TX 77019
Fax 832-510-3002

