

# New Member Application

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

Complete all information. 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 STAFF REP: \_\_\_\_\_

**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  
 PAN-SEXUAL  
 QUESTIONING  
 NONE / OTHER  
**MINORITY BUSINESS STATUS**  
*(if applicable)* Certified?   
 LGBT OWNED  
 MINORITY OWNED  
 WOMAN OWNED  
 OTHER \_\_\_\_\_  
 RACE / ETHNICITY: \_\_\_\_\_  
 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.

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

<p><b>Annual Membership Dues Investment</b></p> <input type="checkbox"/> \$2,500 Chairman's Circle <input type="checkbox"/> \$1,500 Executive Membership <input type="checkbox"/> \$ 805 Premium Membership <input type="checkbox"/> \$ 605 Plus Membership <input type="checkbox"/> \$ 405 Connect Membership	<p><b>Monthly Membership Subscription (By credit card only.)</b></p> <input type="checkbox"/> Chairman's Circle: \$615 + \$210/month <input type="checkbox"/> Executive Membership: \$365 to join + \$130/month <input type="checkbox"/> Premium Membership: \$200 to join + \$68.50/month <input type="checkbox"/> Plus Membership: \$160 to join + \$53.50/month <input type="checkbox"/> Connect Membership: \$110 to join + \$38.50/month
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Major employers and businesses with 100 or more employees are invited to participate in the Chamber as Corporate Partners. Contact the Chamber at 214-865-7313 or [info@LGBTChamber.com](mailto:info@LGBTChamber.com) for more information on our customized **Corporate Partner** benefits.

\$ \_\_\_\_\_ Membership Investment (from above) Method of Payment:  Check or Money Order  Visa  Mastercard  AMEX  
 \$ \_\_\_\_\_ Initial Subscription Fee (from above)  
 \$ \_\_\_\_\_ 35.00 Processing Fee (first year only) CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 \$ \_\_\_\_\_ Total Payment (if CC billing address is different from above, please provide)  
 \_\_\_\_\_ NAME AS IT APPEARS ON CARD \_\_\_\_\_ CCV/CCID \_\_\_\_\_

**Application/Payment Endorsement**

X \_\_\_\_\_ 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 [LGBTChamber.com](http://LGBTChamber.com)) • Have read and understand the Chamber's **Membership Payment Terms and Conditions, Privacy Policy and Website Terms & Conditions**. (Available online at [LGBTChamber.com](http://LGBTChamber.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.

Please **Fax or Mail** completed Application along with payment to:

North Texas LGBT Chamber of Commerce  
 3824 Cedar Springs Road, Box 429  
 Dallas, TX 75219  
 Fax 214-821-4530