

New Member Application

Use your credit card to join online at 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 | SEXUAL ORIENTATION |
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> ASEXUAL |
| <input type="checkbox"/> MALE | <input type="checkbox"/> BISEXUAL |
| <input type="checkbox"/> Trans-Man F TO M | <input type="checkbox"/> GAY |
| <input type="checkbox"/> Trans-Woman M TO F | <input type="checkbox"/> HETEROSEXUAL |
| <input type="checkbox"/> Queer | <input type="checkbox"/> LESBIAN |
| <input type="checkbox"/> NONE / OTHER _____ | <input type="checkbox"/> PAN-SEXUAL |
| | <input type="checkbox"/> QUESTIONING |
| | <input type="checkbox"/> NONE / OTHER _____ |

MINORITY BUSINESS STATUS
(if applicable)

| | |
|---|-------------------------------------|
| <input type="checkbox"/> LGBT OWNED | Certified? <input type="checkbox"/> |
| <input type="checkbox"/> MINORITY OWNED | <input type="checkbox"/> |
| <input type="checkbox"/> WOMAN OWNED | <input type="checkbox"/> |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> |

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.

| | |
|---|--|
| Annual Membership Dues Investment | Monthly Membership Subscription (+ Processing fee; credit card only.) |
| <input type="checkbox"/> \$2,500 Chairman's Circle | <input type="checkbox"/> Chairman's Circle: \$580 + \$210/month |
| <input type="checkbox"/> \$1,500 Executive Membership | <input type="checkbox"/> Executive Membership: \$365 to join + \$130/month |
| <input type="checkbox"/> \$ 995 Signature Membership | <input type="checkbox"/> Signature Membership: \$270 to join + \$90.00/month |
| <input type="checkbox"/> \$ 805 Premium Membership | <input type="checkbox"/> Premium Membership: \$205 to join + \$68.50/month |
| <input type="checkbox"/> \$ 605 Plus Membership | <input type="checkbox"/> Plus Membership: \$160 to join + \$53.50/month |
| <input type="checkbox"/> \$ 405 Connect Membership | <input type="checkbox"/> Connect Membership: \$110 to join + \$38.50/month |

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 for more information on our customized **Corporate Partner** benefits.

\$ _____ Membership Investment (from above) Method of Payment: Check Visa Mastercard AMEX Discover
 \$ _____ Initial Subscription Fee (from above)
 \$ _____ 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 _____ 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) • Have read and understand the Chamber's **Membership Payment Terms and Conditions, Privacy Policy and Website Terms & Conditions**. (Available online at 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.
Fees paid to the North Texas LGBT Chamber of Commerce may be tax deductible as an ordinary and necessary business expense but are not a charitable tax deduction. Please consult with your tax advisor.

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 **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