

# 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 REP: \_\_\_\_\_

**MEMBER DEMOGRAPHICS\***

**EMPLOYEES / SALES**

EMPLOYEES (Full-time equivalent): \_\_\_\_\_

GROSS RECEIPTS/ANNUAL SALES: \_\_\_\_\_

**PRIMARY CONTACT DEMOGRAPHICS**

<b>GENDER IDENTITY</b>	<b>SEXUAL ORIENTATION</b>
<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.

<b>Annual Membership Dues Investment</b>	<b>Monthly Membership Subscription (By credit card only.)</b>
<input type="checkbox"/> \$2,500 Chairman's Circle	<input type="checkbox"/> Chairman's Circle: \$615 + \$210/month
<input type="checkbox"/> \$1,500 Executive Membership	<input type="checkbox"/> Executive Membership: \$365 to join + \$130/month
<input type="checkbox"/> \$ 795 Premium Membership	<input type="checkbox"/> Premium Membership: \$200 to join + \$67.50/month
<input type="checkbox"/> \$ 595 Plus Membership	<input type="checkbox"/> Plus Membership: \$160 to join + \$52.50/month
<input type="checkbox"/> \$ 395 Connect Membership	<input type="checkbox"/> Connect Membership: \$110 to join + \$37.50/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](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)

\$ \_\_\_\_\_ Total Payment

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
(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