

New Member Application

Use your credit card to join online at www.LGBTChamber.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: _____

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)
 Certified?

<input type="checkbox"/> LGBT OWNED	<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"/>

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 (By credit card only.)
<input type="checkbox"/> \$2,500 Chairman's Circle	<input type="checkbox"/> Chairman's Circle: \$930 + \$220/month
<input type="checkbox"/> \$1,500 Executive Membership	<input type="checkbox"/> Executive Membership: \$415 to join + \$140/month
<input type="checkbox"/> \$ 750 Premium Membership	<input type="checkbox"/> Premium Membership: \$215 to join + \$70/month
<input type="checkbox"/> \$ 550 Plus Membership	<input type="checkbox"/> Plus Membership: \$150 to join + \$50/month
<input type="checkbox"/> \$ 365 Connect Membership	<input type="checkbox"/> Connect Membership: \$100 to join + \$35/month

Major employers and businesses with 100 or more employees are invited to participate in the Chamber as Corporate Partners. Contact the Chamber at 214-865-6516 or 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 _____
 (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 www.LGBTChamber.com) • Have read and understand the Chamber's **Membership Payment Terms and Conditions, Privacy Policy and Website Terms & Conditions**. (Available online at www.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

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

214-821-4528 | LGBTChamber.com