



LAMBDA NextGen New Member Application

Use your credit card to join online at www.HoustonLGBTChamber.com

Fill out all information completely. Please print clearly.
Demographic information for internal use only.

Mr. Ms.
 Other

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

ADDRESS _____ APT/SUITE _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ EXTENSION _____

MOBILE () _____

EMAIL _____

HOW DID YOU LEARN ABOUT THE CHAMBER? _____

I AM INTERESTED IN VOLUNTEERING: YES NO

ARE YOU AN LGBTQ+ YOUNG PROFESSIONAL BETWEEN 21 AND 35? YES NO

MEMBER DEMOGRAPHICS*

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"/> PANSEXUAL
	<input type="checkbox"/> QUESTIONING
	<input type="checkbox"/> NONE / OTHER

PREFERRED PRONOUNS

SHE/HER HE/HIM THEY/THEM ZE/HIR

* 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.

Annual Membership Dues Investment \$40 / LAMBDA NextGen

\$ _____ Membership Investment (from above) Method of Payment: Check Credit Card

\$ 5.00 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 . . .
Agree to abide by the Chamber's **Standards of Business Conduct & Ethics**.
(Available online at www.HoustonLGBTChamber.com) • Agree not to promote any business or advertise a business through any Chamber advertising platforms or events. • Have read and understand the Chamber's **Membership Payment Terms and Conditions, Privacy Policy and Website Terms & Conditions**.
(Available online at www.HoustonLGBTChamber.com) • Understand that the Chamber will use your email address for sending general communications and invoices.

Submit completed application to the Chamber office via one of the methods below:

Mail:

Greater Houston LGBT Chamber of Commerce
5340 Wesleyan #25011
Houston, TX 77265

Email:

info@houstonlgbtchamber.com

Membership Applications are subject to approval.