

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

<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)**

	<b>Certified?</b>
<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**

**NEW 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@GLBTChamber.com](mailto:info@GLBTChamber.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.GLBTChamber.com](http://www.GLBTChamber.com)) • Have read and understand the Chamber's **Membership Payment Terms and Conditions, Privacy Policy and Website Terms & Conditions**. (Available online at [www.GLBTChamber.com](http://www.GLBTChamber.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 GLBT Chamber of Commerce  
 3824 Cedar Springs Road, Box 429  
 Dallas, TX 75219  
 Fax 214-821-4530