


CY-FAIR HOUSTON
Chamber of Commerce
Membership Investment Application

Company Name: _____

Business Category: _____ (Dentist, Day Care, Restaurant, etc.)

Number of Employees: Full-Time ____ Part-Time ____ Web Page: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Office Phone: (____) _____ Mobile phone: (____) _____

Primary Contact: _____ Title: _____

Primary Contact E-Mail Address: _____

Additional Contact: _____ Title: _____

E-Mail Address: _____

E-mail Consent

I understand that by providing the E-mail address (es) above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive E-mails sent by or on behalf of Cy-Fair Houston Chamber of Commerce.

Signature: _____ Date: _____

Membership Investment

- | | |
|--|-----------------|
| <input type="checkbox"/> Developer's Circle Investor | \$5,000.00 |
| <input type="checkbox"/> Chairman's Circle Investor | \$2,500.00 |
| <input type="checkbox"/> Platinum Investor | \$1,500.00 |
| <input type="checkbox"/> Gold Investor | \$1,000.00 |
| <input type="checkbox"/> Silver Investor | \$ 750.00 |
| <input type="checkbox"/> Business Investor | \$ 350.00 |
| <input type="checkbox"/> Non-Profit 501C3 ONLY | \$ 350.00 |
| <input type="checkbox"/> Community Leader | \$ 150.00 |
| <input checked="" type="checkbox"/> Application Fee | \$ 25.00 |

- Check (payable to: Cy-Fair Houston Chamber of Commerce)
 MasterCard Visa American Express Discover

Card #: _____ Expiration Date: _____ CVV Code: _____

Name on Card: _____ Person Completing App. _____

Credit Card Billing Address: _____

Referred by: _____ Date: _____