

**Membership Investment Application**

Company Name: \_\_\_\_\_

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

Date Business Established \_\_\_\_\_ 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       | \$5,500.00      |
| <input type="checkbox"/> Chairman's Circle Investor        | \$2,750.00      |
| <input type="checkbox"/> Platinum Investor                 | \$1,650.00      |
| <input type="checkbox"/> Gold Investor                     | \$1,100.00      |
| <input type="checkbox"/> Silver Investor                   | \$ 825.00       |
| <input type="checkbox"/> Business Plus Investor            | \$ 600.00       |
| <input type="checkbox"/> Business Basic Investor           | \$ 385.00       |
| <input type="checkbox"/> Non-Profit 501C3 ONLY             | \$ 350.00       |
| <input type="checkbox"/> Community Leader (Staff Approval) | \$ 150.00       |
| <input checked="" type="checkbox"/> <b>Application Fee</b> | <b>\$ 25.00</b> |

- 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: \_\_\_\_\_