



MEMBERSHIP INVESTMENT APPLICATION
Please return the **COMPLETED** and **SIGNED** form along with **PAYMENT** to:

Member #:
For office use

HOUSTON NORTHWEST CHAMBER OF COMMERCE
14511 Falling Creek, Suite 205
Houston, Texas 77014
www.HoustonNWChamber.org
Ofc 281-440-4160
Fax 281-440-5302

Chamber dues are not charitable contributions for income tax purposes.
Dues may be ordinary and necessary business expenses.

Referred by: _____

Organization Name:		
# of Fulltime Local Employees (REQUIRED):	Category for Directory (REQUIRED):	
Primary Contact Person*:	Title:	
Work Phone:	Fax:	
Email (REQUIRED):	Cell Phone:	
<input type="checkbox"/> Check if email should not be published	<input type="checkbox"/> Check if cell # should not be published	
Street Address:		
City:	State:	Zip:
Mailing Address (if different from street address):		
Billing Address (if different from street address):		
Website:		

ANNUAL MEMBERSHIP LEVELS

<input type="checkbox"/>	Base Membership for 1-10 FT employees	\$300	<input type="checkbox"/>	Personal Membership (<i>No business affiliation</i>)	\$150
<input type="checkbox"/>	for 11-20 FT employees	\$400	<input type="checkbox"/>	Non-Profit Membership	\$150
<input type="checkbox"/>	for 21-50 FT employees	\$500	<input type="checkbox"/>	Government Membership (Non-voting membership)	\$200
<input type="checkbox"/>	for 51-100 FT employees	\$650	<input type="checkbox"/>	School District Membership	\$500
<input type="checkbox"/>	for 101-150 FT employees	\$900	<input type="checkbox"/>	Chairman's Council Enhanced Membership	\$2,500
<input type="checkbox"/>	for 151-200 FT employees	\$1,200	<input type="checkbox"/>	Founder's Council Enhanced Membership	\$4,000
<input type="checkbox"/>	for 201-1000 FT employees	\$1,500	<input type="checkbox"/>	Chairman's Circle Enhanced Membership, add \$250 to Base Membership	Add \$250
<input type="checkbox"/>	for 1001+ FT employees	\$2,000			

TOTAL ANNUAL INVESTMENT

Select Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
<input type="checkbox"/> Credit Card #: _____
Credit Card Billing Address and ZIP: _____
Credit Card Expiration: _____
3-Digit Security Code (back of card): _____

* Attach roster to provide additional representatives

Chamber reserves the right to change dues rates without notice.

Authorized Signature _____

Printed Name _____

Date _____