

# APPLICATION FOR MEMBERSHIP

DATE: \_\_\_\_\_

ORGANIZATION

INDIVIDUAL



## CONTACT INFORMATION

*upon acceptance, members may update the information displayed at [aglcc.org](http://aglcc.org)  
instructions for updating your information is included in your new member kit*

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT MOBILE: \_\_\_\_\_

CONTACT FAX: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

## PAYMENT

*(Payment must be included with this completed form. Checks, money orders or cashier checks must be drawn in U.S. funds and card holder is responsible for any conversion fees. An invoice will be generated and emailed when the payment is processed).*

CHECK  # \_\_\_\_\_

MASTERCARD  AMEX  VISA

AMOUNT DUE: \$ \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

CVS: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ (mmyy)

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## TERMS

*By signing this form, I confirm that I am authorized to act as a representative for the company/organization listed above and that the company/organization has read, understands, and agrees to abide by the Articles of Incorporation, By-Laws and Rules and Code of Ethics of the Austin Gay and Lesbian Chamber of Commerce. Moreover, if dues are being paid by credit/charge/debit card, by signing below, I authorize the Austin Gay and Lesbian Chamber of Commerce to charge the membership dues specified above.*

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_  
print sign

## SUBMIT

Mail your application and payments to:  
AGLCC / MEMBERSHIP | PO BOX 49216 | Austin, TX 78765