

DUES RELIEF PROGRAM



CREDIT CARD AUTHORIZATION FORM

Please COMPLETE & SUBMIT this form to: Accounts@HoustonNWChamber.org.

All information will remain confidential.

Business/Organization: _____

Name on Card: _____

Billing Address: _____

Phone: _____ **Email:** _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ American Express

Credit Card Number: _____

Expiration Date: _____/_____/_____ **CVC/Security Code:** _____

Choose Your Membership Path: _____

MEMBERSHIP PATH	REGULAR MONTHLY	"DUES RELIEF" MONTHLY
ENGAGE	\$35	\$30
BUSINESS BUILDER	\$70	\$60
BUSINESS DEVELOPER	\$120	\$100
BUSINESS POWERHOUSE	\$320	\$270
GOLD INVESTOR	\$550	\$500
PLATINUM INVESTOR	\$900	\$830
INDIVIDUAL*	\$20	\$17

*INDIVIDUAL MEMBERSHIP is for retirees & community members ONLY and may not be used to promote a business or organization.

Cardholder – Please Sign and Date

Signature: _____

Print Name: _____

Date: _____