



CREDIT CARD AUTHORIZATION FORM

COMPLETE & RETURN to Accounts@HoustonNWChamber.org.

All information will remain confidential.

Name on Card: _____

Billing Address: _____

Phone: _____ Email: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

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

Invoice # (if applicable): _____

Membership Path: _____ Frequency: _____ Annually _____ Monthly

MEMBERSHIP PATH	ANNUALLY	MONTHLY
ENGAGE	\$350	\$35
BUSINESS BUILDER	\$700	\$70
BUSINESS DEVELOPER	\$1200	\$120
SILVER INVESTOR	\$3200	\$320
GOLD INVESTOR	\$6,000	\$550
PLATINUM INVESTOR	\$10,000	\$900

Cardholder - Please Sign and Date

Signature: _____

Print Name: _____

Date: _____