

REGISTRATION FORM

Personal Information

Membership in our organization requires approval. Once your online application is submitted you will receive a confirmation email and will be placed in a Pending Member status on our member roster until approved. If approved you will receive a second confirmation email advising that your membership has been activated

If you are already on our mailing list please be sure to use the same last name and email address used in the emails you currently receive from us so we can update your existing record correctly.

Refund Policy: There are no refunds for membership or events. Please contact our organization if you have any questions regarding the refund policy.

Be sure to upload a photo of yourself, set your preferences and update your biography once you receive a username and password into the site!

* Indicates required fields

Salutation: (ie: Mr., Mrs., Dr., etc..)

First Name: *

Middle Initial:

Last Name: *

Suffix: (ie: Jr., Sr., PhD, etc..)

Email Addresses: We maintain two email addresses for each person in our system: home and business. **You must provide at least one email address.** If you provide only one, we will use it as both the home and business email address in the system. With the exception of membership renewal notices, we only send emails from our system to your preferred email address, which may be changed by logging in and editing your profile preferences. Putting the same address in both fields will not cause you to receive multiple copies of our emails.

Business Email Address:

Home Email Address:

Username/Password: The following information will be used to access the secure Member Section of our website. Signing in will allow you the ability to update your contact information, to view another member's contact info, and to learn about member-only events.

Desired Username: *

Password: *

Secret Question/Answer: Please provide a secret question and answer that only you know. You will use this information if you ever forget your password into the Member Section of our website.

Secret Question: *

Secret Answer: *

Home Info

Use the following form to keep us up to date with your home contact information.

Home Phone Number: () - *

Home Fax Number: () -

Home Address Line 1: *

Home Address Line 2:

Home City: *

Home State/Province: *

Home Country: *

Home Postal/Zip Code: *

Business Info

Use the following form to help keep us up to date with all your business contact information.

Employer Name: *

Employer Web Address: http:// *

Job Title: *

Department: *

Business Phone Number: () - * Ext:

Mobile Number: () - *

Business Fax Number: () - *

Business Address Line 1: *

Business Address Line 2:

Business City: *

Business State/Province: *

Business Country: *

Business Postal/Zip Code: *

Additional Info

The following additional information is required to help us evaluate your application.

Date of Birth: *

Prospective Category: *

Please describe your profession, function and your product or service: *

Length of time with the company: *

Length of time in this profession: *

How have you been recognized for excellence in your profession? (Education, awards, other professional affiliations, etc.): *

Spouse's name: *

Personal interests: *

What other networking groups are you a member of?: *

Is there anything you would like the membership committee to know about you?: *

Personal References: include three names with phone number and business relationship

Personal Reference 1 Name: *

Personal Reference 1 Phone: *

Personal Reference 1 Relationship: *

Personal Reference 2 Name: *

Personal Reference 2 Phone: *

Personal Reference 2 Relationship: *

Personal Reference 3 Name: *

Personal Reference 3 Phone: *

Personal Reference 3 Relationship: *

Trade/credit references: include your loan/bank officer and two suppliers

Trade/Credit Reference 1 Name: *

Trade/Credit Reference 1 Phone: *

Trade/Credit Reference 1 Relationship: *

Trade/Credit Reference 2 Name: *

Trade/Credit Reference 2 Phone: *

Trade/Credit Reference 2 Relationship: *

Trade/Credit Reference 3 Name: *

Trade/Credit Reference 3 Phone: *

Trade/Credit Reference 3 Relationship: *

Profile Preferences

The following options control the amount of information others members can view about you in the Member Directory. Use the check boxes to select the information other members can view.

Business Information

- Email Address
- Phone Number
- Mobile Number
- Fax Number
- Street Address
- City/State/Zip

Home Information

- Email Address
- Phone Number
- Fax Number
- Street Address
- City/State/Zip

Membership Type

Use the dropdown box below to select your desired Membership Type.

Membership Type:

Membership Description: A single membership type is available to the Houston Business Cabinet. Members pay quarterly dues of \$225 which covers the cost of the weekly breakfasts and certain other special events. There is a separate, refundable registration fee of \$200 payable at the time of application.

Expiration Information: Membership expires every 1 year(s)

Membership Dues: \$200.00

Billing Information

Select the payment method for your membership and click the Submit button to proceed with this transaction. You will be taken to a confirmation screen to finalize the transaction.

Refund Policy: There are no refunds for membership or events. Please contact our organization if you have any questions regarding the refund policy.

Transaction Type: Membership Application

Membership Type: Member

Convenience Fee: n/a

Total Amount Due: \$200.00

Specify the desired form of payment:

- Credit Card** Use a credit card to pay online. A confirmation receipt will be sent by email.
- Invoice** An invoice will be emailed to the address provided. Payment should be remitted to the mailing address provided on the email. The membership will become active once payment is received.

Name on Credit Card: *

Billing Address Line 1: *

Billing Address Line 2:

City: *

State/Province: *

Postal/Zip Code: *

Country: *

Credit Card Type: *

Credit Card Number: *

Card Verification Number: *

[Where do I find my Card Verification Number?](#)

[What if I'm using American Express?](#)

Expiration Date:

Month: * *

Year: * *

- RunMyClub** is the credit card processor for this purchase. I hereby authorize **RunMyClub** to charge this transaction to my credit card. I understand that my credit card statement will show this transaction as a charge from **RunMyClub**.

Although no lock symbol may appear in the browser status bar, this page is secure and your credit card information will be encrypted. SSL security can be confirmed by right-clicking on this page and viewing "Properties" in Internet Explorer or "Page Info" in Netscape.