



# MEMBERSHIP APPLICATION

Region Name: \_\_\_\_\_

## I. BASIC INFORMATION

Application Date: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Applicant's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Phone: (Please use numbers only, no letters) ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile Phone: (Please use numbers only, no letters) ( ) \_\_\_\_\_

Fax Number: (Please use numbers only, no letters) ( ) \_\_\_\_\_

## II. MEMBERSHIP OPTIONS

**APPLICATION FEE:** ..... **199.00**

**PARTICIPATION FEES:**

**Option 1 \$ 599.00** | First Term Membership.....\$ \_\_\_\_\_

**Option 2 \$ 995.00** | Two Term Membership.....\$ \_\_\_\_\_

**TOTAL ENCLOSED:** (Application fee plus one option above).....\$ \_\_\_\_\_

- ▶ Return this application and payment to your chapter
- ▶ Make checks payable to: BNI - ..... (Region)
- ▶ A credit card payment option is available upon request

**Position Applying For:** \_\_\_\_\_ **Industry:** \_\_\_\_\_

**Professional Classification (be specific):** \_\_\_\_\_

**Sponsor's Full Name:** \_\_\_\_\_

If you were referred to this chapter by a member of another chapter please enter his or her name: \_\_\_\_\_

## III. EXPERIENCE & CREDENTIALS

NOTE: You may attach a resume or biography for additional information.

- Experience in Professional Classification (*be specific*): \_\_\_\_\_
- Length of time in Professional Classification: \_\_\_\_\_
- Education background in Professional Classification or Degrees, current Licenses or Credentials required to perform in Professional Classification  
(list school/state and/or business/state): \_\_\_\_\_
- Has your professional license ever been revoked or suspended?  Yes  No If yes, please provide details: \_\_\_\_\_
- Is the Professional Classification under which you are applying for membership your primary occupation? \_\_\_\_\_  Yes  No

## IV. STANDARDS & EXPECTATIONS

- Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 90 minutes, attend the Member Success Program Training, and do you agree to abide by BNI's Member Policies, Guidelines, and Code of Ethics?..... Yes  No
- Are you willing and able to send a substitute if you are unable to attend a meeting?..... Yes  No
- Are you willing and able to bring referrals and/or visitors to this chapter?..... Yes  No
- Have you ever been a member of a BNI chapter?  Yes  No If yes, please list chapter name(s), city and dates: \_\_\_\_\_
- Do you belong to other networking organizations?  Yes  No If yes, please list: \_\_\_\_\_
- Have you ever been convicted of a felony?  Yes  No If yes, please provide details and year of conviction: \_\_\_\_\_

## V. TERMS AND CERTIFICATIONS:

By submitting this Application, you agree to receive communications from or relating to BNI, and further agree that BNI may share your information and any other information and material you provide with other BNI members, affiliates, vendors, and third parties in order to provide you services as a BNI member. See BNIConnect.com's Privacy Policy for more information.

**Arbitration.** All disputes arising out of or related to this Agreement or the member's participation in BNI shall be resolved by binding arbitration in accordance with the laws of the State where the applicant's BNI Chapter is located. The Arbitration shall be subject to the Rules of the American Arbitration Association. This clause encompasses any and all disputes involving BNI, its franchisee, and their officers, directors, employees, agents and representatives, as well as members, provided that the disputes pertain to membership or participation in BNI.

**Limitations on Liability.** Notwithstanding any other provision of this Agreement, any liability to you involving BNI, its franchisee, and their officers, directors, employees, agents and representatives for any cause whatsoever arising out of or related to this Agreement and/or membership or participation in BNI, and regardless of the form of the action, will at all times be limited to the amount of the annual membership fee paid by you for membership in BNI. Except in jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages. No actions hereunder may be commenced unless brought within one (1) year of accrual.

**Term.** All term fees are measured from the application date. Applications dated between the 1<sup>st</sup> and the 15<sup>th</sup> of the month shall begin their term on the 1<sup>st</sup> of that month. Applications dated after the 15<sup>th</sup> of the month shall begin their term on the 1<sup>st</sup> of the following month. Terms run for one (1) year from the date the term begins.

**Certification.** I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at franchisee's or BNI's discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and will abide by all the terms and conditions set forth herein and those contained within the BNI Member Policies, Guidelines and Code of Ethics, all of which I have had the opportunity to review on www.bni.com or have received. I acknowledge that breach of these terms, conditions, and policies shall be grounds to terminate my membership. I understand and agree that upon my acceptance to BNI, **fees are non-refundable without exception.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name Clearly \_\_\_\_\_

## BNI's Code of Ethics:

*Upon acceptance to BNI, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.*

1. I will provide the quality of services at the prices that I have quoted.
2. I will be truthful with the members and their referrals.
3. I will build goodwill and trust among members and their referrals.
4. I will take responsibility for following up on the referrals I receive.
5. I will display a positive and supportive attitude.
6. I will live up to the ethical standards of my profession.

***Professional standards outlined in a formal code of conduct for any profession supersede the above standards. This means that a member belonging to a profession that has a more stringent standard must adhere to that higher standard.***

## APPLICATION PROCESS:

1. Prospective members must have a sponsor. Prospective members complete this application and submit it to the Membership Committee for review, with full payment.
2. The Membership Committee will review your application and inform you of your acceptance or non-acceptance.
3. The Membership Committee notifies the President.
4. The President announces new members at chapter meeting following acceptance by the Membership Committee.
5. **Upon acceptance, you are required to attend the BNI Member Success Program Training.**

### VI. BUSINESS REFERENCES *(Please list two references and print clearly)*

- (1) Name: \_\_\_\_\_ Position \_\_\_\_\_  
Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Business Relationship *(describe)*: \_\_\_\_\_
- (2) Name: \_\_\_\_\_ Position \_\_\_\_\_  
Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Business Relationship *(describe)*: \_\_\_\_\_

### VII. MEMBERSHIP COMMITTEE USE ONLY

Verified Information and References:  Yes  
Date Approved/Declined: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_

Notification to President:  Accept  Decline

If declined, reason for decline: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature *(Chapter Vice President)* Date

\_\_\_\_\_  
Print Name Clearly