



APPLICATION

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OFFICE COPY

Members may occasionally receive communications relating to BNI.

PART 1 (Please answer all questions)

Date: _____

Chapter Name: _____

Applicant's Name: First _____ Last _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Describe Your Product or Services (be specific):

Sponsor's Name: _____

Web Site Address: _____

E-Mail Address: _____

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

Home Phone:
Please use numbers only, no letters ()

Fax #:
Please use numbers only, no letters ()

REGISTRATION FEE: (effective 6-1-2007) \$ 100.00

PARTICIPATION FEES: (effective 6-1-2007)

Option 1. \$ 510.00-Two Year Membership \$ _____

Option 2. \$ 330.00-One Year Membership \$ _____

TOTAL ENCLOSED: \$ _____
 (Registration Fee Plus One Option Above)

Applicant's Signature: _____

UPON YOUR ACCEPTANCE TO BNI, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION
SUBJECT TO TERMS ON REVERSE SIDE

PART II (Please read carefully)

APPLICATION PROCESS

1. A prospective member may attend two meetings as a visitor. At the second meeting, prospective members obtain a sponsoring member. Prospective members must have a sponsor. Prospective members then complete this application and submit it with a check to the Membership Committee for review.
2. The Membership Committee completes the screening process and notifies the prospective member of acceptance or non-acceptance before the next meeting.
3. The Membership Committee notifies the President.
4. The President announces new members at chapter meeting following acceptance by the Membership Committee.

PART III (Please answer all questions)

1. Experience in Field/Occupation (be specific): _____

2. Education background in Field/Occupation or Degrees, Licenses or Credentials required to perform in Field/Occupation: _____

PART IV

1. Is the occupation under which you are applying for membership a full or part-time occupation? _____
2. How long have you been with the company you are representing today? _____
3. 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 are you willing to abide by BNI Policies, guidelines, & Code of Ethics? _____
4. Is there an individual in your company who would be willing and able to attend meetings on your behalf, should you be unable to attend? _____
5. What do you expect to contribute to this chapter? _____

6. What is your ability to bring qualified referrals or visitors? _____

7. Have you ever been a member of a BNI chapter? _____ If yes, please list _____
8. Do you belong to other networking organizations? _____ If yes, please list _____
9. Have you ever been convicted of a felony? Yes No

BNI's Networking Code of Ethics:

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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 & 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 supercede the above standards.

TERMS:

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, agents and representatives.

Limitations on Liability. Notwithstanding any other provision of this Agreement, any liability to you involving BNI, its franchisee, and their officers, directors, 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 yearly dues paid by you for the 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.

PART V

BUSINESS REFERENCES

List Business References:

(1) Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe): _____

(2) Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe): _____

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 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 Policies, Guidelines and Code of Ethics.

Applicant's Signature _____

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

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PART VI:

MEMBERSHIP COMMITTEE USE ONLY

Verified Information and References:

Yes

No

Member: _____ Date: _____

Comments: _____

RECOMMENDATIONS TO PRESIDENT

Accept

Decline

COMMENTS: _____

If declined, was there conflict with job description of existing member? Explain: _____

Signature (Membership Committee)

Date