



# APPLICATION

Date:	Chapter Name:	E-Mail Address:
Applicant's Name:		Business Phone: (    )
Business Name:		Home Number: (    )
Business Address:		Fax Number: (    )
City:	State:	Zip:
Describe Your Product or Service (be specific):		<b>1 Year Membership: \$75 Registration Fee + \$295 Annual Dues = \$370</b> <b>2 Year Membership: \$75 Registration Fee + \$455 Biannual Dues = \$530</b>
Sponsor's Name (Invited By):		We Accept: <input type="checkbox"/> Check, <input type="checkbox"/> Visa/ MasterCard, <input type="checkbox"/> American Express Account # _____ Exp. _____ Signature <input checked="" type="checkbox"/> _____ <small>If your check is returned for non-sufficient funds (NSF), this merchant will electronically debit your account for the amount of check plus a processing fee of \$25.00.</small>

**UPON YOUR ACCEPTANCE TO BNI, DUES ARE NON-REFUNDABLE WITHOUT EXCEPTION**

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Date:	Chapter Name:	E-Mail Address:
Applicant's Name:		Business Phone: (    )
Business Name:		Home Number: (    )
Business Address:		Fax Number: (    )
City:	State:	Zip:
Describe Your Product or Service (be specific):		<b>Application Process</b> <b>A prospective member may attend two meetings as a visitor. Prospective Members must have a sponsor and then complete this application and submit it with full payment to the Membership Committee for review. The Membership Committee completes the screening process and notifies the prospective member of acceptance or non-acceptance before the next meeting. Upon acceptance, the Membership Committee will notify the President who will then announce the new member at the next meeting.</b>
Sponsor's Name (Invited by):		

## Please Answer all Questions

1. Experience in Field/ Occupation (be specific): \_\_\_\_\_  
\_\_\_\_\_
2. Educational background in Field/ Occupation or Degrees, Licenses or Credentials required to perform in Field/ Occupation: \_\_\_\_\_  
\_\_\_\_\_
3. Is the occupation under which you are applying for membership a full or part-time occupation? \_\_\_\_\_
4. How long have you been with the company you are representing today? \_\_\_\_\_
5. Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 90 minutes, and are you willing to abide by the BNI rules and procedures? \_\_\_\_\_
6. 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? \_\_\_\_\_
7. What do you expect to contribute to this chapter? \_\_\_\_\_  
\_\_\_\_\_
8. What is your ability to bring qualified referrals or visitors? \_\_\_\_\_
9. Do you belong to other networking organizations? \_\_\_\_\_ If so, please list: \_\_\_\_\_



**BNI's Networking 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 live up to the ethical standards of my profession.
6. I will display a positive & supportive attitude with members of my chapter.

**BUSINESS REFERENCES**

List Business References:

(1) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Relationship (describe): \_\_\_\_\_

(2) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Relationship (describe): \_\_\_\_\_

Your Signature: X \_\_\_\_\_

**UPON YOUR ACCEPTANCE TO BNI, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION**

Membership Committee Use Only

Verified Information and References: Yes [ ] No [ ]

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Recommendations To President: Accept [ ] Decline [ ]

Comments (If declined, was there a job description of existing member? Explain): \_\_\_\_\_