

MEMBERSHIP APPLICATION

Region Name:	

I. BASIC INFORMATION

Date:_ ____Chapter Name: _____ Applicant's Name: ___ Business Name: Business Address: City, ST Zip: Business Phone: Mobile Phone: Website: Sponsor's Full Name:

		OPT	

Date:Chapter Name:	APPLICATION FEE: \$ 299.00	\$		
pplicant's Name:	PARTICIPATION FEES (PICK ONE):			
Uninged Name:	Option 1 \$699.00 I One Term Membership	\$		
Business Name:	Option 2 \$999.00 I Two Term Membership	\$		
usiness Address:	TOTAL ENCLOSED:	\$ <u>0.00</u>		
City, ST Zip:	Check # or Auth/Trans. Code:			
	Make Checks payable to "BNI Global, LLC"	_		
usiness Phone:Mobile Phone:		Paid by Applicant • Paid by Company • If company-paid, provide business name and contact information:		
Vebsite:		normation.		
mail:	APPLYING FOR:			
	Industry:			
ponsor's Full Name:	Classification:			
Length of time in Professional Classification:	nt Licenses or Credentials required to perform in Professional Classification (li			
4. Has your professional license ever been revoked or suspended? \square Yes	□ No If yes, please provide details:			
5. Is the Professional Classification under which you are applying for r	membership your primary occupation? \square Yes \square No			
. STANDARDS & EXPECTATIONS				
1. Are you able and willing to make the commitment to arrive at the weekly \ensuremath{m}	eetings on time and stay through the 90 minutes, attend the Member Success	Program and		
do you agree to abide by the BNI 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? \square Yes \square No				
3. Are you willing and able to bring referrals and/or visitors to this cha	apter? □Yes □No			

V. TERMS & CERTIFICATIONS

Bysubmitting this Application, youagreetoreceive communications from orrelating 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 yous ervices as a BNI member. See BNI Connect Privacy Policy for more information. ARBITRATION. All disputes arising out of or relating 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. The 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 member ship or participation in BNI.

LIMITATIONS OF 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 feepaid by you for membershipinBNI. Exceptin Jurisdictions where such provisions are restricted, innoevent will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages. No actions

hereundermay becommencedunless brought within one (1) year of accrual. TERM. All term fees are measured from the application date. Applications dated between the 1st and the 15th of the month shall begin their term on the 1st of the month. Applications dated after the 15th of the month shall begin their term on the 1st of the following month. Terms run 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 upon requestor received upon induction. I acknowledge that breach of these terms, conditions, and policies shall be grounds to terminate my membership. I understand and agree that UPON ACCEPTANCE, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION.

APPLICANT'S SIGNATURE

DATE

4. Have you ever been a member of a BNI chapter? ☐ Yes ☐ No If yes, please provide details:

5. Do you belong to other networking organizations? ☐ Yes ☐ No If yes, please list:

6. Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please provide details and year:

PRINT NAME CLEARLY

SCAN/PHOTOGRAPH AND UPLOAD TO BNI GLOBAL USING YOUR REGIONAL WEBSITE. INCLUDE PAYMENT DOCUMENTATION!

VI. BNI 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 price 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.

VII. APPLICATION PROCESS

- 1. Prospective members must have a sponsor. Prospective members must complete this application and submit it to the Membership Committee for review.
- 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 and receipt of payment.
- 5. Upon acceptance, you are required to attend the BNI Member Success Program.

VIII.	VIII. BUSINESS REFERENCES					
1.	Name:					
	Phone:					
	Business Relationship:					
2.	Name:					
	Position:					
		Email:				
	Business Relationship:					
IX.	MEMBERSHIP COMMITTEE	USE ONLY				
Date Approved/Declined:		Membership Committee Member Signature:				
Date Applicant Notified:		Membership Committee Name:				
Notif	ication to President: \square Accept \square De	cline				

SCAN/PHOTOGRAPH AND UPLOAD TO BNI GLOBAL USING YOUR REGIONAL WEBSITE. INCLUDE PAYMENT DOCUMENTATION!