



# 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: _____             |                     |
| Email: _____               |                     |
| Sponsor's Full Name: _____ |                     |

## II. MEMBERSHIP OPTIONS

|                                                                                     |          |
|-------------------------------------------------------------------------------------|----------|
| <b>APPLICATION FEE: \$ 199.00</b>                                                   | \$ _____ |
| <b>PARTICIPATION FEES (PICK ONE):</b>                                               |          |
| <b>Option 1 \$599.00   One Term Membership</b>                                      | \$ _____ |
| <b>Option 2 \$949.00   Two Term Membership</b>                                      | \$ _____ |
| <b>TOTAL ENCLOSED:</b>                                                              | \$ _____ |
| Check # or Auth/Trans. Code: _____                                                  |          |
| <i>Make Checks payable to "BNI Global, LLC"</i>                                     |          |
| Paid by Applicant <input type="checkbox"/> Paid by Company <input type="checkbox"/> |          |
| If company-paid, provide business name and contact information: _____               |          |
|                                                                                     |          |
| <b>APPLYING FOR:</b>                                                                |          |
| Industry: _____                                                                     |          |
| Classification: _____                                                               |          |

## III. EXPERIENCE & CREDENTIALS

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

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 Has your professional license ever been revoked or suspended?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

## IV. STANDARDS & EXPECTATIONS

1. Are you able and willing to make the commitment to arrive at the weekly meetings 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
2. Are you willing and able to send a substitute if you are unable to attend a meeting? ☐ Yes ☐ No
3. Are you willing and able to bring referrals and/or visitors to this chapter? ☐ Yes ☐ No
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: \_\_\_\_\_

## V. TERMS & 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 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 membership 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 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 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 request or 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

PRINT NAME CLEARLY

SCAN/PHOTOGRAPH AND UPLOAD TO BNI GLOBAL

BSITE. INCLUDE PAYMENT DOCUMENTATION!

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## 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.

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## 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.
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## VIII. BUSINESS REFERENCES

1. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Business: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Relationship: \_\_\_\_\_
  2. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Business: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Relationship: \_\_\_\_\_
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## IX. MEMBERSHIP COMMITTEE USE ONLY

Date Approved/Declined: \_\_\_\_\_ Membership Committee Member Signature: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_ Membership Committee Name: \_\_\_\_\_

Notification to President: ☐ Accept ☐ Decline