



APPLICATION

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Members may occasionally receive communications relating to BNI.

PART I (Please answer all questions)

Date:
Chapter Name/Number:
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 6-1-2015)\$ 150.00
PARTICIPATION FEE: (effective 6-1-2015)
Option 1. \$ 685.00 – Two-Year Membership\$ _____
Option 2. \$ 445.00 – One-Year Membership\$ _____
TOTAL ENCLOSED: (Registration Fee Plus One Option Above)\$ _____
<input type="checkbox"/> Check (payable to Triangle BNI) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Do not include credit card number. Upon chapter approval you will be called for payment information. Participation fees are non refundable. I authorize BNI to process my charge account for the total amount included on this form. If your check is returned for non-sufficient funds (NSF), this merchant will electronically debit your account for the amount of the check plus a processing fee of \$25.00.
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.

SECRETARY/TREASURER	
Name:	_____
Business Phone:	_____
Fax #:	_____
E-Mail Address:	_____

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

Print Name

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

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PART VI

MEMBERSHIP COMMITTEE USE ONLY

Date: _____

Verified Information and References:

Yes No

Member: _____

Comments: _____

RECOMMENDATIONS TO PRESIDENT

Accept Decline

COMMENTS: _____

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

Authorized Signature (Membership Committee)

Date