



MEMBERSHIP APPLICATION

Region Name:
BNI CALIFORNIA CAPITAL REGION

I. BASIC INFORMATION

Application Date:		
Chapter Name:		
Applicant's Name:	First	Last
Business Name:		
Business Address:		
City:	State:	Zip:
Web Site Address:		
E-mail Address:		
Business Phone:	(Please use numbers only, no letters) ()	Ext:
Mobile Phone:	(Please use numbers only, no letters) ()	

Applicant agrees to receive communications relating to BNI

II. MEMBERSHIP OPTIONS

APPLICATION FEE:.....\$249.00 \$ _____

PARTICIPATION FEES:

Option 1 \$ 549.00 | First Term Membership \$ _____

Option 2 \$ 899.00 | Two Term Membership \$ _____

TOTAL ENCLOSED: (Application fee plus one option above)..... \$ _____

- ▶ Return this application and payment to your chapter
- ▶ Make checks payable to: BNI - **BNI California Capital Region** (Region)
- ▶ Pay Online @ bnicv.com/en-US/payonline

Applying For:

Industry: _____

Professional Classification (*be specific*): _____

Sponsor's Full Name:

If you were referred to this chapter by a member of another chapter please enter his or her name: _____

III. EXPERIENCE & CREDENTIALS

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

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- Has your license ever been revoked or suspended?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

IV. STANDARDS & EXPECTATIONS

- 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 do you agree to abide by BNI's Member Policies, Guidelines, and Networking Code of Ethics? Yes No
- Are you willing and able to send a substitute if you are unable to attend a meeting? Yes No
- Are you willing and able to bring referrals and/or visitors to this chapter? Yes No
- Have you ever been a member of a BNI chapter? Yes No If yes, please list chapter name(s), city and dates: _____
- Do you belong to other networking organizations? Yes No If yes, please list: _____
- Have you ever been convicted of a felony? Yes No If yes, please provide details and year of conviction: _____

V. TERMS AND CERTIFICATIONS:

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, employees, agents and representatives, as well as members, provided that the disputes pertain to membership or participation in BNI.

Limitations on 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.

Terms. 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 that month. Applications dated after the 15th of the month shall begin their term on the 1st of the following month. Terms run for 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 on www.bni.com or have received. I understand and agree that upon my acceptance to BNI, **fees are non-refundable without exception.**

Applicant's Signature

Date

Print Name Clearly

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 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. This means that a member belonging to a profession that has a more stringent standard must adhere to that higher standard.

APPLICATION PROCESS:

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

VI. BUSINESS REFERENCES *(Please list two references and print clearly)*

- (1) Name: _____ Position _____
Business: _____ Phone: _____ Fax: _____ E-Mail: _____
Business Relationship *(describe)*: _____
- (2) Name: _____ Position _____
Business: _____ Phone: _____ Fax: _____ E-Mail: _____
Business Relationship *(describe)*: _____

VII. MEMBERSHIP COMMITTEE USE ONLY

 Verified Information and References: Yes

Date Approved/Declined: _____

Date Applicant Notified: _____

Notification to President: Accept Decline

If declined, reason for decline: _____

Authorized Signature *(Chapter Vice President)* Date

Print Name Clearly