



BNI NOVA
 326 N. Stonestreet Ave. Ste. 208 Rockville, MD. 20850
 Tel: 240-314-0766
 www.bninoval.com

APPLICATION

Please return application & payment to the Treasurer of the chapter

Date:	Chapter Name/Number:	E-Mail Address: members may occasionally receive communication relating to BNI
Applicant's Name:		Business Phone: ()
Business Name:		Cell Number: ()
Billing Address:		Fax Number: ()
City:	State:	Annual Membership Fee: \$ 330.00 Bi-Annual Fee \$515.00 Registration Fee: \$ 100.00 OR \$100.00 Total Due with Application: \$ 430.00 \$615.00 We Accept ONLY: Check, Visa, MasterCard or American Express Account # _____ Exp. _____ Signature X _____ CID# _____ 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.
Describe Your Product or Service (be specific):		
Sponsor's Name (Invited By):		

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

Date:	Chapter Name/Number:	E-Mail Address:
Applicant's Name:		Business Phone: ()
Business Name:		Cell Number: ()
Business Address:		Fax Number: ()
City:	State:	Application Process 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 induct the new member at the next meeting.
Describe Your Product or Service (be specific):		
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 or previously a BNI Chapter? _____ If so, please list: _____
10. Have you ever been convicted of a felony? Yes _____ No _____

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.



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*

NOTE: Professional standards outlined in a formal code of conduct for any profession supersede the above standards.

I will abide by the BNI Policies & BNI Code of Ethics:

Your Signature: X _____ Date: _____

BUSINESS REFERENCES

List Business References:

(1) Name: _____ Position: _____
 Business: _____ Phone: _____ Fax: _____
 Business Relationship (describe): _____

(2) Name: _____ Position: _____
 Business: _____ Phone: _____ Fax: _____
 Business Relationship (describe): _____

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): _____