



# RENEWAL APPLICATION

Region Name: \_\_\_\_\_

## I. COMPLETED BY SECRETARY/TREASURER

Chapter Name: _____	Member Name: _____
Renewal Date: _____	Date Given to Member: _____

### RENEWING MEMBER INSTRUCTIONS

- Return this Membership Renewal Application and your payment to your chapter Vice President or a Membership Committee Member at least 30 days prior to your Renewal Date. **Do not mail your payment to BNI Headquarters or the BNI Regional office.**
- Avoid late fees!** Your payment and this Membership Renewal Application must be processed by your Membership Committee and submitted to your Secretary/Treasurer prior to the first meeting of your renewal month to protect your membership and avoid a late fee.

## II. COMPLETED BY RENEWING MEMBER

Date: _____
Chapter Name: _____
Applicant's Name: _____
Business Name: _____
Business Address: _____
City, ST Zip: _____
Business Phone: _____
Mobile Phone: _____
Website: _____
Email: _____

## III. MEMBERSHIP OPTIONS

<b>PARTICIPATION FEES (Pick One):</b>	
<b>Option 1 \$495.00   One Term Membership</b>	\$ _____
<b>Option 2 \$845.00   Two Term Membership</b>	\$ _____
<b>Late Fee \$ 50.00</b>	\$ _____
<b>TOTAL ENCLOSED:</b>	\$ _____
Contact the Chapter's Secretary/Treasurer for payment options	
<b>APPLYING FOR:</b>	
Industry: _____	
Classification: _____	

## IV. CONTINUING COMMITMENT

- Has your professional license or certification been revoked or suspended since you were last approved for membership?  Yes  No
- Are you able and willing to make the commitment to abide by all requirements outlined in the current BNI application as well as BNI Member Policies, Guidelines and Code of Ethics?  Yes  No

## 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
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## VI. MEMBERSHIP COMMITTEE USE ONLY

Date Approved/Declined: _____	Vice President's Signature: _____
Date Applicant Notified: _____	VP Print Name: _____
Notification to President: <input type="checkbox"/> Accept <input type="checkbox"/> Decline	