

APPLICANT'S SIGNATURE

MEMBERSHIP APPLICATION

I. BASIC INFORMATION

Region Name: BNI Ontario Southwest

II MEMBERSHIP OPTIONS

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|--|--|---|--|
| Date Received: | Induction Date: | APPLICATION FEE: | \$ 265.00 |
| Chapter Name: | | PARTICIPATION FEE: | \$ 635.00 |
| • | | TAX (applicable to Fed. & Prov. Law) | \$ 117.00 |
| | | TOTAL ENCLOSED: | \$ 1017.00 |
| | | Chapter Meeting fees are separate from BNI membership fees. Type of Payment: Personal Cheque Company | Chagua 🗆 |
| Business Address: | | Credit Card Cash | Crieque |
| City, | | E-transfer to email: payment@bniosw.ca | |
| Prov., | Postal Code: | APPLYING FOR: Industry: | |
| Business Phone: | Mobile Phone: | Classification: | |
| Website: | | Describe Your Product or Service (Be Specific): | |
| Email: | | Sponsor's Full Name (Must be a BNI Member): | |
| | | | |
| U | JPON YOUR ACCEPTANCE TO BNI, FEES | S ARE NON-REFUNDABLE WITHOUT EXCEPTION | |
| III. EXPERIENCE & CRI | EDENTIALS NOTE: You may attach a resu | ume or biography for additional information. | |
| 1. Experience in Professional C | Classification (be specific): | | |
| 2. Length of time in Profession | | | |
| Education background in Pr business/state): | ofessional Classification or Degrees, current Licen | nses or Credentials required to perform in Professional Classification (li | stschool/ state and/or |
| 4. Has your professional licens | se ever been revoked or suspended? Yes N | o If yes, please provide details: | |
| 5. Is the Professional Classif | fication under which you are applying for memb | ership your primary occupation? Yes No | |
| V. STANDARDS & EXP | | | |
| | | s on time and stay through the 90 minutes, attend the Member Success I | Program and |
| do you agree to abide by th | ne 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 m | neeting? Yes No | |
| 3. Are you willing and able to | o bring referrals and/or visitors to this chapter? | Yes No | |
| 4. Have you ever been a memb | ber of a BNI chapter? ☐ Yes ☐ No If yes, please p | provide details: | |
| 5. Do you belong to other netw | vorking organizations? Yes No If yes, pleas | elist: | |
| 6. Have you ever been convicted | ed of an indictable offense? Yes No If yes, p | please provide details and year: | |
| V. TERMS & CERTIFICA | ATIONS | | |
| members, affiliates, vendors, and third in where you may appear, to post on BNI we ARBITRATION. All disputes arising out of Chapter is located. The Arbitration shall be employees, agents and representatives LIMITATIONS OF LIABILITY. Notwiths for any cause whatsoever arising out of or repealed by you for membership in BNI. Excincidental, special or punitive damages. TERM. All term fees are measured from the CERTIFICATION. I hereby declare and or grounds for rejecting my application or, if dism y membership is conditional and I agree, had the opportunity to review upon requesting the condition of the conditional and I agree, had the opportunity to review upon requesting the condition of the conditional and I agree, | parties in order to provide you services as a BNI member. Your besites, social media platforms and/or to use in our worldwide for relating to this Agreement or the member's participation in Blobe subject to the Rules of the Canadian Arbitration Association iss, as well as members, provided that the disputes pertain to standing any other provision of this Agreement, any liability related to this Agreement and/or membership or participation in ceptin Jurisdictions where such provisions are restricted, innote. No actions hereunder may be commenced unless brough application date. Applications dated between the 1st and the 15 following month. Terms run one (1) year from the date the triffy that all statements contained in this application and any a iscovered after my application has been accepted, subject me to, accept and will abide by all the terms and conditions set forth h | to you involving BNI, its franchisee, and their officers, directors, employees, agen BNI, and regardless of the form of the action, will at all times be limited to the amountoftl eventwill there be any liability to you or any third person for any indirect, consequentiant within one (1) year of accrual. Sith of the month shall begin their term on the 1st of the month. Applications dated after the | tings or BNI related events, licy for more information here the applicant's BNI heir officers, directors, hts and representatives heannual membership al, exemplary, 15th of the month e statement may be further understand that thics, all of which I have |
| MINISTER PROPERTY AND | THE CHARLE WITHOUT EACH HON. | | |

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PRINT NAME CLEARLY

DATE

BNI CODE OF ETHICS

 $Upon\ acceptance to BNI, I agree to a bide by the following Code of Ethics during the tenure of my\ participation\ in the organization.$

- I will provide the quality of services at the price that I have quoted.
- I will be truthful with the members and their referrals.
- I will build goodwill and trust among members and their referrals. I will take responsibility for following up on the referrals I receive. 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.

APPLICATION PROCESS

- Prospective members must have a sponsor. Prospective members must complete this application and submit it to the Membership Committee for review. The Membership Committee will review your application, interview you, and inform you of your acceptance or non-acceptance.
- The Membership Committee notifies the President.
- The President announces new members at chapter meeting following acceptance by the Membership Committee and receipt of payment.
- Upon acceptance, you are required to attend the BNI Member Success Program.

VIII. MEMBER POLICIES

- 1. Only one person from each BNI® Classification can join a Chapter of BNI®. Each Member can only hold one BNI classification in a BNI Chapter.
- 2. Members should represent their primary professional focus.
- 3. Members need to arrive on time and stay for the entire published meeting time.
- 4. An individual can only be a Member of one BNI® Chapter. A Member cannot be in any other program that holds Members accountable for passing referrals.
- 5. A Member is allowed three absences within a continuous six-month period. If a Member cannot attend, they may send a substitute: this will not count as an absence.
- Members are expected to be engaged in the BNI Chapter by bringing qualified referrals and/or visitors.
- 7. Visitors may attend chapter meetings up to two times.
- 8. Only BNI Members, BNI Directors/Director Consultants can do Feature Presentations during the BNI Meetings.
- There are no leaves of absence except for medical leaves.
- 10. Members who wish to change their BNI classification must submit a new membership application for approval.
- 11. All BNI membership lists are for the purpose of giving referrals only. Before sending any other communication to BNI Members or Director/Director Consultants, the recipient must give their consent. Consent must be freely given, specific, informed and unambiguous.
- 12. All new Members must complete the Member Success Program or Member Accelerator before giving their first Feature Presentation.
- 13. Policies are subject to change. All proposed policy changes need to be reviewed first by the International Board of Advisors.

| IX. | BUSINESS REFERENCES | | |
|-------------------------|--|-----------------------------|--|
| 1. | Name: | Position: | |
| | Business: | Phone: | |
| | Email: | Business Relationship: | |
| 2. | Name: | Position: | |
| | Business: | Phone: | |
| | Email: | Business Relationship: | |
| 3. | Name: | Position: | |
| | Business: | Phone: | |
| | Email: | Business Relationship: | |
| (. I | MEMBERSHIP COMMITTEE USE ONLY | | |
| /erifi | ed information and references? Yes No | | |
| Date Approved/Declined: | | Vice President's Signature: | |
| Date | Applicant Notified: | VP Print Name: | |

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