



4994 Lower Roswell Rd Suite 11  
 Marietta GA 30068  
 678.888.0200  
 www.referrals4life.com

# BNI Membership Renewal

As we approach your renewal anniversary, we want to thank you! Your hard work and dedication is an integral part of the success your chapter has shared this last year. We have enjoyed assisting you in building a successful referral network and anticipate great things from you and your chapter in the future.

Please understand that the Membership Committee of your chapter is required to approve all renewals.

## Renewal is not automatic

This renewal application along with payment of your annual membership fees should be submitted to the Secretary Treasurer of your chapter at least 30 days prior to your renewal date (see below). Your participation history will be reviewed by the Membership Committee when determining the status of your renewal. You will be notified of their decision prior to the next meeting.

Upon acceptance to BNI, I agree to abide by the following Code of Ethics during 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 and the referrals I give.
5. I will display a positive and supportive attitude with BNI members
6. I will live up to the ethical standards of my profession

Note: professional standards outlined in a formal code of ethics, supersede the above standards.

**The BNI Regional Office must receive your application and fees prior to the date that your membership expires to avoid a \$20.00 late**



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## Membership Renewal Application

**Please Print legibly, complete all sections, obtain Membership Committee approval and remit to the address above.**

Chapter Name:			<b>Please return application and payment to Treasurer of BNI Chapter.</b>		
Today's Date:		Renewal Date:		E-Mail Address:	
Applicant's Name:			Business Phone: ( )		
Business Name:			Cell or Home Phone:( )		
Business Address:			Applicant's Signature		
City:		State:	Zip:		<b>Annual Membership Fee: \$ 380.00 Bi-Annual Fee \$610.00</b>
<input type="checkbox"/> Current Leadership Position: _____ <input type="checkbox"/> Same products and services as original application <input type="checkbox"/> Make the following classification changes (be specific):			<i>*This includes the Membership Success Program fee.</i> We Accept ONLY: Check, Visa, MasterCard or American Express <i>*If your check is returned for non-sufficient funds (NSF), this merchant will electronically debit your account for the check amount plus maximum processing fee allowed by law.</i> Account # _____		
			Exp. _____		
			Card Holder's Signature _____		

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

**INITIAL HERE**