



This form needs to be submitted with every new or renewal application.

<p>Q1. Are you the owner (or part owner) of the business you are representing in BNI?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Q2. How are you paying for your BNI membership dues?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> My Own Personal</td> <td style="width: 20%;">Check / Credit Card*</td> <td style="width: 30%;">Complete Section A</td> </tr> <tr> <td><input type="checkbox"/> My Own Business</td> <td>Check / Credit Card*</td> <td>Complete Section B</td> </tr> <tr> <td><input type="checkbox"/> My Employer's</td> <td>Check / Credit card *</td> <td>Complete Section C</td> </tr> <tr> <td><input type="checkbox"/> Other Financial Sponsor's</td> <td>Check / Credit Card*</td> <td>Complete Section C</td> </tr> </table> <p style="text-align: center;">(*circle one)</p>	<input type="checkbox"/> My Own Personal	Check / Credit Card*	Complete Section A	<input type="checkbox"/> My Own Business	Check / Credit Card*	Complete Section B	<input type="checkbox"/> My Employer's	Check / Credit card *	Complete Section C	<input type="checkbox"/> Other Financial Sponsor's	Check / Credit Card*	Complete Section C
<input type="checkbox"/> My Own Personal	Check / Credit Card*	Complete Section A											
<input type="checkbox"/> My Own Business	Check / Credit Card*	Complete Section B											
<input type="checkbox"/> My Employer's	Check / Credit card *	Complete Section C											
<input type="checkbox"/> Other Financial Sponsor's	Check / Credit Card*	Complete Section C											
Applicant Notes:	BNI Office Notes:												

Section A: Individual Applicant/Members

I am paying for my BNI membership dues with my own personal check / credit card* (circle one) or a check credit card.

Signature	Name (please print)	Date
-----------	---------------------	------

Section B: Business Owner Applicant/Members

I, _____ verify that I am the owner (or part owner) of _____

(Name of member) (Business name)

located at _____

(Street Address, City, Zip)

Signature	Name (please print)	Date
-----------	---------------------	------

Section C: Please read: This MUST be completed by your Financial Sponsor, e.g., Employer

I have been informed and fully understand that sponsoring _____ by paying for his/her membership dues to enroll as a member of Business Network International, BNI, does not entitle _____ to lay claim to the membership under any circumstances, including but not limited to the event when the sponsored individual leaves my company or organization.

(Member's Name) (Name of Company/Financial Sponsor)

I am acknowledging on behalf of the management that we are being made aware and agree that this membership belongs to the individual member and not the company or organization named above; and that, it is not transferable to any other entity, or refundable without any exception.

Signature	Date
-----------	------

Name	Position
<small>(Please Print)</small>	<small>(Please Print)</small>