



Membership Application

v5.1

\$250 1st Year (\$200 thereafter); Quarterly \$115

Applicant: _____

Company: _____

Category: _____

Sponsor (who invited you): _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Website: _____

MY BBRN COMMITMENTS:

- | | | |
|--|-----|----|
| 1. I am applying for one category . It is my primary source of income (or I am the owner of the business). | Yes | No |
| 2. I am current on all the necessary licenses required by my industry. | Yes | No |
| 3. I understand that membership dues to BBRN are non-refundable unless I am NOT voted into the chapter. \$250 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card | Yes | No |
| 4. I understand that all BBRN memberships are personally owned and cannot be sold or transferred without BBRN Board approval. | Yes | No |
| 5. If my membership is accepted, I understand I cannot belong to a similar networking group . (Service clubs & chambers are not conflicts) | Yes | No |
| 6. I will pay my quarterly dues on time and if I will be late, I will notify the Board and understand that a late fee may be assessed. | Yes | No |
| 7. I have read and agree to follow all the BBRN Guidelines and all subsequent changes that may occur. | Yes | No |
| 8. I will attend the next BBRN member training . | Yes | No |
| 9. I will support members in my BBRN Chapter by passing a minimum of 2 referrals per month to any member. | Yes | No |
| 10. I agree to follow the attendance rules and call if I cannot attend a meeting. | Yes | No |
| 11. I will invite professionals I know who may be interested in joining our chapter with the goal to sponsor a new member each year. | Yes | No |

My first guests may include (name/category)

_____/_____

_____/_____

_____/_____

_____/_____

Signature of Applicant

Signature of Inspector

Date