

Membership Application Form

_____ Chapter

Please PRINT clearly and attach your business card to this Application.

PERSONAL DATA

	Date Submitted:		
First Name:	Last Name:		
Company Name:			
Your Title with Company:			
Company Website:			
	City:		
Your Email Address:	Prefer	Preferred Phone:	
How long have you been with you	ur present company:		
Describe the products or services	you offer:		
			
<u>STANDARDS</u>			
1) Are you able and willing to	make the commitment to atte	and our entire meeting?	
•	d, will you send a substitute?		
	ferrals to the BIB Networking G		
4) Are you willing to bring qu	alified visitors to the group?		
, ,	hold a 'one on one' meeting w	vith a different member	
every other week?			

CODE OF ETHICS

- 1) I will be truthful with BIB members and their referrals.
- 2) I will take responsibility for following up on all referrals received.
- 3) I will display a positive and supportive attitude;
- 4) I will live up to the ethical standards of my profession.

I understand that BiB is open to all who are interested in participating in a business networking group which is grounded in Christian principles and which opens and closes its meetings in Christian prayer. Initial Code of Ethics		
MEMBER LISTING ON THE BIB WEBSITE		
Members are required to have their profile listed on the BIB website to ensure that visitors can easily see what seats are taken. Please submit ASAP a digital photo file to the Membership Coordinator or Administrator who will submit to the website designer.		
Applicant's Signature: Date:		
BIB Leadership Signature: Date:		

CORE APPROVAL Signature: ______ Date: _____