BELIEVERS in BUSINESS

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:_____

Company Address:_____City:_____State:____Zip: _____

Your Email Address: _____ Preferred Phone: _____

How long have you been with your present company: _____

Describe the products or services you offer:

_____

_____

_____

Please add any links associated with your business:

LinkedIn:_____

Facebook: _____

Instagram:_____

Other: _____

STANDARDS

1) Are you able and willing to make the commitment to attend our entire meeting? _____
2) If you are unable to attend, will you send a substitute? _____
3) Are you willing to bring referrals to the BIB Networking Group? _____
4) Are you willing to bring qualified visitors to the group? _____
5) Are you willing and able to hold a 'one on one' meeting with 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:_____