

# Membership Renewal Application

RENEWAL IS NOT AUTOMATIC

The membership Committee is required to approve all renewals. Please submit your application and payment one week prior to the last day of the month to avoid a \$20.00 late fee.

\_\_\_\_/\_\_\_\_/\_\_\_\_ ( # \_\_\_\_ ) \_\_\_\_\_  
Date Applicant's name ( Chap # ) Chapter's name

## Business Info

Business name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ , Zip: \_\_\_\_\_ - \_\_\_\_\_

## Personal Information

Home Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Describe your product or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Participation Fee

Renewal Type	Price
Annual	\$ 265.00
Bi-Annual	\$ 415.00
Total	\$ ____ . ____

Membership Committee Approval: \_\_\_ Yes \_\_\_ No

## CHARGE CARD AUTHORIZATION SLIP

Business Network International

Chapter Name: \_\_\_\_\_

Printed Name : \_\_\_\_\_

Phone # : (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Card # : \_\_\_\_\_ Exp. Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Membership Fees : \$ _____
Circle one:
<b>VISA M/C AM/EX DISCOVER</b>
Participation fees are nonrefundable.

I authorize BNI to process my charge account for the amount on this slip.

Purchaser Sign Here x \_\_\_\_\_