

Date:	Chapter Name:			Email Address:	
App Name:				Business Phone:	( ) ( )
Business Name:				Alt Phone:	( ) ( )
Business Address:				Fax Number:	( ) ( )
City:		State:		Zip:	
<input type="checkbox"/> Personal Membership		<input type="checkbox"/> Company Membership		<b>Total Annual Membership Fee: \$50.00</b>	
Describe Your Product or Service (be specific):				We accept: <input type="checkbox"/> Check / Money Order <input type="checkbox"/> Cash	
				Check# _____	
Sponsor's Name (Invited By):				<i>NOTE: There is a returned check fee of \$25.00. Credit cards are not accepted at this time.</i>	

**UPON YOUR ACCEPTANCE TO MTBN, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION**

**PLEASE ANSWER ALL QUESTIONS BELOW:**

Experience in Field / Occupation (be specific):			
Educational background in Field / Occupation or Degrees, Licenses or Credentials required to perform in Field / Occupation:			
Occupation under which you are applying is:	<input type="checkbox"/> Full- time (40+ hrs per week)	<input type="checkbox"/> Part-time (Less than 40 hrs per week)	
How long have you been with the company you are representing?		Do you have or are you covered by any business liability insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to make the commitment to arrive at our weekly meetings on time and stay throughout the whole meeting, as well as abide by the MTBN policies, guidelines, & Code of Ethics?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there an individual in your company who would be willing and able to attend meetings on your behalf, should you be unable to attend? <i>NOTE: Sending a substitute keeps an absence from your MTBN record</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
What do you expect to contribute to this MTBN chapter?			
How might you increase the number of qualified referrals and visitors to MTBN meetings?			
Do you belong to other networking organizations?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list the names of the organizations:		

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**MTBN’s Networking Code of Ethics:**

*(Taken from BNI Code of Ethics)*

Upon acceptance to MTBN, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization:

1. *I will provide the quality of services at the prices that I have quoted.*
2. *I will be truthful with the members and their referrals.*
3. *I will build goodwill and trust among members and their referrals.*
4. *I will take responsibility for following up on the referrals I receive.*
5. *I will display a positive & supportive attitude with MTBN members.*
6. *I will live up to the ethical standards of my profession.*

*NOTE: Professional standards outlined in a formal code of ethics supersede the above standards*

**Business References**

List Business References (Please list two):

#1 Reference:		Position / Occupation:	
Business:		Phone: ( )	Fax: ( )
Business Relationship (describe):			

#2 Reference:		Position / Occupation:	
Business:		Phone: ( )	Fax: ( )
Business Relationship (describe):			

*I declare that the statements above are true and correct, and I hereby authorize verification of references, if necessary. I agree that MTBN may terminate my membership upon any misstatement made above and that application submission does not mean membership acceptance.*

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Membership Committee Use Only</u></b>			
Verified Information and References:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Member Verifying:		Date:	
Membership Committee Decision:	<input type="checkbox"/> ACCEPT	<input type="checkbox"/> DECLINE	
Comments:			