



MEMBERSHIP APPLICATION

Date: _____
Your Name: _____ Business Name: _____
Membership Type: ___ Business ___ Individual Year Business Started: _____
Designated Representative Name: _____
Physical Address of Business: _____ Business Phone: (____) _____
City, State, Zip: _____ Cell Phone: (____) _____
Mailing Address (if Different): _____ FAX: (____) _____
City, State Zip: _____ E-Mail Address: _____
Sponsor's Name: _____
Type of Business, Trade or Profession: _____
Website Address: _____
Do you want a link on our website? _____ Will you provide a link to ours from your site? _____

Social Media Accounts:
Facebook: _____
Twitter: _____
Instagram: _____
LinkedIn: _____

Membership Dues \$245 Your Check No.: _____

APPLICATION PROCESS

A prospective member may attend two meetings as a guest. A prospective member will obtain a Sponsor (normally the person who invited the prospective member). All applicants must have a Sponsor. The prospective member may then submit an application and a check for the annual membership dues to the Membership Chair for review. The check will not be deposited unless or until the application is approved.

The Membership Chair will review the application and check the references given therein and will either recommend the applicant to the Officers for approval, or will notify the applicant of non-acceptance. The Officers in Executive Session will vote to accept or not accept the prospective member.

In the event of a possible conflict in the business interests of the prospective member and that of an existing Member, the existing Member with whom the conflict may arise shall have the final say as to whether or not a conflict would exist. Membership shall be for a period of 1 year commencing upon the date of approval of the application by the Members, and ending in the following year on the last day of the calendar month in which the member was approved.

Experience in above Business Field:

How Long? _____
Describe: _____

Education, Training in field: _____

Licenses, Certifications, Designations etc., held: _____

Are you in good standing in all areas? _____
Professional Organizations of which you are a member: _____

Do you belong to other networking organizations? _____

If yes, please list: _____
Have you been convicted of a felony? _____

PROFESSIONAL REFERENCES (List two):

Name & Position	Type of Business	Phone Number	Business Relationship
1. _____			
2. _____			

ARBITRATION

All disputes arising out of or relating to this Agreement or the member’s participation in BRN shall be resolved by binding arbitration in accordance with the laws of the State of Oklahoma. The Arbitration shall be according to the rules of the American Arbitration Association. This clause encompasses any and all disputes involving BRN and its officers, directors, representatives, and agents.

LIMITATION ON LIABILITY

Notwithstanding any other provision of this Agreement, any liability to you involving BRN and its officers, directors, agents and representatives, for any cause whatsoever arising out of or relating to this Agreement and/or membership or participation in BRN, and regardless of the form of the action, will at all times be limited to the amount of one calendar year of dues paid by you or the business for the membership in BRN. Except to the extent that such restriction may be limited under the laws of the State of Oklahoma, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages.

I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct to the best of my knowledge and belief, and that any misrepresentation or false statement may be grounds for rejecting my application, or for terminating my membership should discovery be made after my application is approved. I understand and acknowledge that once my application has been approved by the Officers, no portion of the dues paid will be refundable under any circumstances.

I have received a copy of the By-Laws, Policies and Code of Professional Ethics of Business Referral Network (IncreaseMyBiz, Inc.). I agree to abide by the By-Laws, Policies and Code of Professional Ethics of Business Referral Network (IncreaseMyBiz, Inc.) and understand that I as a Member will have a voice and vote in the adoption of and/or modifications to such By-Laws, Policies and Code of Professional Ethics. I also acknowledge, agree and understand that my failure to abide by such By-Laws, Policies and Code of Professional Ethics, including but not limited to attendance and participation, may result in my Membership rights being suspended and my business field or specialty being opened to prospective new members.

Signature Date

MEMBERSHIP CHAIR USE ONLY

_____Accepted _____Declined

Comments:

Signature of Membership Chair Date