

# Louisville Referral Network – Membership Application

## I. BASIC INFORMATION

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City, ST Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

## II. APPLICATION FEE – (Covers membership during 2-month trial period)

\$ 50.00 Application Fee – Select Payment Option at Bottom of Application

Contact the Secretary/Treasurer for payment questions

### MEMBERSHIP SEAT APPLYING FOR:

Industry: \_\_\_\_\_

Classification: \_\_\_\_\_

Sponsor's Full Name (Must be a LRN Member)

\_\_\_\_\_

## III. EXPERIENCE & CREDENTIALS NOTE: You may attach a resume or biography for additional information.

### 1. Experience in Professional Classification (be specific):

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

### 2. Length of time in Professional Classification:

\_\_\_\_\_

### 3. Education background in Professional Classification or Degrees, current Licenses or Credentials required to perform in Professional Classification (list school/state and/or business/state):

\_\_\_\_\_

### 4. Has your professional license ever been revoked or suspended? ☐ Yes ☐ No If yes, please provide details:

\_\_\_\_\_

### 5. Is the Professional Classification under which you are applying for membership your primary occupation? ☐ Yes ☐ No

#### IV. STANDARDS & EXPECTATIONS

1. Are you able and willing to make the commitment to arrive at the weekly meetings on time and stay through the 60-90 minute meeting, attend mentorship sessions with an assigned member, and agree to act and perform honorably and amicably with other members and their referrals? ☐ Yes ☐ No

2. Are you willing and able to send a substitute if you are unable to attend a meeting? ☐ Yes ☐ No

3. Are you willing and able to bring referrals and/or visitors to this group? ☐ Yes ☐ No

4. Have you ever been a member of a BNI chapter? ☐ Yes ☐ No If yes, please provide details:

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5. Do you belong to other networking organizations? ☐ Yes ☐ No If yes, please list:

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6. Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please provide details and year:

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DATE: \_\_\_\_\_

PRINT NAME CLEARLY: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

#### V. TERMS & CERTIFICATIONS

By submitting this Application, you agree to receive communications from or relating to LRN, and further agree that LRN may share your information and any other information and material you provide with other LRN members, affiliates, vendors, and third parties in order to provide you services as a LRN member.

**ARBITRATION.** All disputes arising out of or relating to this Agreement or the member's participation in LRN shall be resolved by binding arbitration in accordance with the laws of the State where the applicant's LRN Group is located. The Arbitration shall be subject to the Rules of the American Arbitration Association. The clause encompasses any and all disputes involving LRN, their officers, directors, employees, agents and representatives, as well as members, provided that the disputes pertain to membership or participation in LRN.

**LIMITATIONS OF LIABILITY.** Notwithstanding any other provision of this Agreement, any liability to you involving LRN, its franchisee, and their officers, directors, employees, agents and representatives for any cause whatsoever arising out of or related to this Agreement and/or membership or participation in LRN, and regardless of the form of the action, will at all times be limited to the amount of the monthly membership fee paid by you for membership in LRN. Except in Jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages. No actions hereunder may be commenced unless brought within one (1) year of accrual.

**TERM.** All term fees are measured from the application date. Applications dated between the 1st and the 15th of the month shall begin their term on the 1st of the month. Applications dated after the 15th of the month shall begin their term on the 1st of the following month. Terms run one (1) year from the date the term begins.

**CERTIFICATION.** I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at LRN's discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and

will abide by all the terms and conditions set forth herein and those contained within the LRN Member Policies, Guidelines and Code of Ethics, all of which I have had the opportunity to review upon request or received upon induction. I acknowledge that breach of these terms, conditions, and policies shall be grounds to terminate my membership. I understand and agree that UPON ACCEPTANCE, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION.

## VI. LRN CODE OF ETHICS

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

1. I will provide quality products and services to referrals matched to agreed price.
2. I will be honest with the members and their referrals.
3. I will build positive relationships and trust among members and their referrals.
4. I will act responsibly and follow up on the referrals I receive in a reasonable time.
5. I will attend meetings and interact with referrals with a positive and supportive attitude.
6. I will live up to professional standards of ethics and operate with integrity.

Professional standards outlined in a formal code of conduct for any profession supersede the above standards.

## VII. APPLICATION PROCESS

1. Prospective members must have a sponsor. Prospective members must complete this application and submit it to the Membership Committee for review.
2. The Membership Committee will review your application and inform you of your acceptance or non-acceptance.
3. The Membership Committee notifies the President.
4. The President announces new members at group meeting following acceptance by the Membership Committee and receipt of payment.
5. Upon acceptance, you are required to schedule a success training meeting with your assigned mentor.

## VIII. BUSINESS/CHARACTER REFERENCES

1. Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Relationship/Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Relationship/Relationship: \_\_\_\_\_

IX. MEMBERSHIP COMMITTEE USE ONLY

Date Approved/Declined: \_\_\_\_\_ Vice President's Signature: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_ VP Print Name: \_\_\_\_\_

Notification to President: ☐ Accept ☐ Decline

----- CUT HERE AND SHRED BELOW FOR LONG-TERM PAPER STORAGE / ELECTRONIC SCANNING -----

Place check in box next to PREFERRED payment method. You can complete information for one or both options.

☐ **Credit Card**

☐ **ACH Bank Withdrawal**

☐ Visa

☐ MasterCard

☐ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Sec Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_