



Business Connect India

Yearly Membership Form

Member Enrollment Form No.
(To be filled by coordinator)

Date of Enrollment:

1. PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:
Date Of Birth:	Personal Email Id:	
Mobile No.	Residential Tel No.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

2. ORGANIZATION INFORMATION

Name of Organization: <i>(As per GST)</i>		
Registered Address: <i>(As per GST)</i>		
GST NO:	Office Email ID:	
Establishment Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Ltd <input type="checkbox"/> Public Ltd <input type="checkbox"/> LLP	
Nature Of Industry:	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Services	Name Of Industry:
Age of Business: <i>(No of Years)</i>	No. of years in Business:	Turnover: <i>(In Cr. or Lakhs)</i>
Name of the Partner <i>(If partnership)</i> Or Name of Sister Concern <i>(If any)</i>		

Key Challenges:

Referred by:	2 Passport Size Photos <input type="checkbox"/>	Business Card <input type="checkbox"/>
Joined from BCI Meeting Number:	Language Preferred:	

3. STANDARDS & EXPECTATIONS

A) Are you able and willing to make the commitment to arrive at our monthly meetings on time and stay throughout the 4 hours ?

B) Are you willing and able to send a substitute if you are unable to attend a meeting ? N

C) Are you willing and able to bring referrals and /or visitors to this Chapter/ Group ? N

D) Have you ever been a member of a BCI chapter ? Y N

E) Do you belong to other networking organizations ? Y N

F) Agree to abide by BCI Policies, Guidelines, and Code of Ethics ? N

G) All members are expected to contribute to running of the chapter. Which leadership Team Position do you think most interest you ?

President, Vice President, Secretary, Membership committee, Visitor Host, Data Collection, Invitation Host, Chapter Growth, Social Media.

4. PAYMENT RELATED INFORMATION *(To be filled by Sales Representative)*

Fees Amount	15000.00	GST Amount	2700.00	Total Amount	17700.00
Mode of Payment:	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT/RTGS <input type="checkbox"/> Online Payment Link <input type="checkbox"/> Cash				
Payment for Period	From:				To:

Remarks if any:

BCI's Code of Ethics

Upon acceptance to BCI, I agree to abide by the BCI's Policies, Guidelines and Code of Ethics during the tenure of my participation in the organization. And I understand and agree that fees are non-refundable.

- 1 I will provide the quality of services at the price 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 of following up on the referrals I receive.
- 5 I will display a positive and supportive attitude.
- 6 I will live up to the ethical standards of my profession.

Professional standards outlined in a formal code of conduct for any profession supersede the above standards. This means that a member belonging to a profession that has a more stringent standard must adhere to that higher standard.

Applicant's Signature: _____

Date: _____ Place: _____

APPLICATION PROCESS

- 1 Prospective members must have a sponsor. Prospective members complete this application and submit it to the Membership Committee for review, with full payment.
- 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 BCI Meeting following acceptance by the Membership Committee.
- 5 Upon acceptance, you are required to attend the BCI Member Success Program Training.

BUSINESS REFERENCES *(Please list two references)*

(1) Name : _____ Number : _____

Business : _____ Position : _____

(1) Name : _____ Number : _____

Business : _____ Position : _____

MEMBERSHIP COMMITTEE USE ONLY

Verified Information and References :

Date of Approved :

Date of Applicant Notified :

Notification to President :

President's Signature:

If Decline - Remark
