



BestBank – BNI Chapter Membership Feedback Form

Please take a few minutes to review the provided questions within this feedback form. This form provides you an outlet to express any ideas, concerns, or opinions to the Chapter Membership Committee and Leadership Team regarding our Chapter's Membership.

- 1) Which Chapter Member/Profession do you feel has provided you the most benefit in regards to receiving referrals or to adding value as a member of this Chapter?

- 2) Which Chapter Member or Profession (either currently filled or available) do you feel provides you the most opportunity in the future in regards to receiving referrals or to add value to your involvement within the Chapter?

- 3) Do you have difficulty in referring business or receiving referrals to or from any individual member in the Chapter? If so, please discuss any specific reasons (whether it be the nature of the profession or the actual individual)?



- 4) Do you have any concerns regarding any individual chapter member that negatively impacts your experience and involvement within our BNI Chapter? In addition, do feel that these concerns will hinder the opportunity to give referrals going forward between both of you? Please elaborate, if so.

- 5) Do you have any confusion regarding any specific individual within our Chapter in terms of what they do as a professional? If so, please elaborate.

- 6) Please provide any additional comments or concerns regarding the Chapter Membership, in general, or any chapter member specifically. Please include your opinion on the strengths, weaknesses, and opportunities of our Chapter's membership.

Thank you for taking time to provide feedback. Please submit this document to a member of the Membership Committee.

Name: _____ (Optional) Date: _____