[Recipient Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]

March 2, 2026

Dear [Recipient Name]:

Thank you for expressing an interest in joining our BNI® Chapter. The Membership Committee has reviewed your Membership Application and has decided to return your application and participation fees. We have determined that your classification is in conflict with that of an existing Member and, as the policy of BNI® is one person per professional classification, we are unable to accept your Membership Application.

Your information may be kept on file and you may be contacted should the position become open. If you wish to be considered by another BNI® Chapter, please contact the BNI® Regional Office at [Regional Office Phone Number].

Again, thank you for your interest in BNI®.

Sincerely,

The Membership Committee

BNI® [Chapter Name] Chapter

cc: BNI® [Chapter President]
BNI® [Chapter VP/MC]
BNI® Regional Office: info@bniatl.com
BNI® Area Directors: annette@bniatl.com & jamie@bniatl.com

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