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

(Date)

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 feel this is not a good fit and that we would be unable to provide qualified referrals for you.

Your information may be kept on file and if the situation should change, we may refer to your information.

Again, thank you for your interest in BNI®.

Sincerely,

The Membership Committee

BNI® [Chapter Name] Chapter

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

T +1 (704) 248-4800
E info@bni.com

11525 North Community House Rd.
Suite 475
Charlotte, NC 28277