



# BNI – Falls Chapter Anniversary Questionnaire

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

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

**PAST YEAR'S ACCOMPLISHMENTS:**

Goals Accomplished: \_\_\_\_\_

**IN THE LAST 6 MONTHS:**

# of Referrals Given: \_\_\_\_\_ # of Referrals Received: \_\_\_\_\_

# Visitors Brought: \_\_\_\_\_ # of Absences with Substitute: \_\_\_\_\_

# of Absences without substitute: \_\_\_\_\_ # of Late Arrivals: \_\_\_\_\_

# of Members in Sphere of Influence: \_\_\_\_\_

Number of BRBMs (Business Relationship Building Meetings): \_\_\_\_\_

Have you been a member of the Leadership Team or Membership Committee: \_\_\_\_\_

Have you visited other chapters: \_\_\_\_\_

Have you substituted for another BNI member at their chapter meeting: \_\_\_\_\_

Gross Business Generated: \_\_\_\_\_ Net Profit: \_\_\_\_\_

Are you satisfied with the business referred to you? \_\_\_\_\_

Are you WORKING the chapter as you should? \_\_\_\_\_

**NEXT YEAR:**

Would you be interested in being part of the Leadership Team or Membership Committee: \_\_\_\_\_

Goals for the coming year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The statistics used are those contained in the Chapter records. Any discrepancies should be noted and brought to the attention of the Membership Committee.