



Confidential Visitor Meeting Evaluation Form

Chapter Name _____ Date Visited _____

1. Please list (in order of importance) three things that impressed you the most about our group.

2. Did the chapter make you feel welcome? Very Somewhat Uncertain

3. Were you able to give and/or receive referrals? None Some Many

4. Did someone act as a host, making introductions and “walking” you through the meeting?
 No Somewhat Absolutely

5. Did you receive an application form and visitor information sheet? yes No

6. After the meeting, did someone explain the commitments of membership and the application process?
 Yes No

7. Have you been involved with a business referral group before? Yes No

8. If yes, how does our BNI chapter compare?
 far better than most slightly better than most about the same not quite as good

9. To what degree do you think this group could be of value to you?
 Excellent Very good Good Poor

10. How did you hear about BNI? Friend Newspaper Other (please describe):

11. Your name (optional) _____

BNI's Privacy Policy protects your Personal Information from not being distributed beyond this BNI Chapter and the BNI Regional office and will not be sold or distributed to other vendors, organizations or individuals.

Please add any further comments you might like to offer here: _____

Thank you for helping us make our BNI experience, the most valuable referral marketing organization possible