

Business Ethics Indiana

Individual Membership Application

(This Membership form is for ethics and compliance professionals employed by a corporation or organization with a presence in Indiana)

Acknowledgement

I certify the information provided on this application is true and correct to the best of my knowledge. I understand failure to provide accurate information (either by omission or by providing false information) may result in removal from Business Ethics Indiana (BEI). In the event my employment or contact information changes, I will provide corrected information to BEI by submitting an updated form.

I certify that: I am not a regulator; I will not use information shared at BEI events to report an individual or their employer; I will not use information from BEI events for personal gain; and neither myself nor my employer will solicit a member of BEI in connection with BEI activities.

I agree to abide by all rules and requirements set out in BEI By-Laws.

Type your initials to certify your agreement: _____ Date: _____

Application

Name: _____

Position/Title: _____

Name of Corporation/Organization: _____

Industry: _____

Mailing Address 1: _____

Mailing Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail Address: _____

E-mail completed form to BEI at membership.bei@marian.edu or reach out for additional information