



COMPLIMENTARY MEMBERSHIP FOR CHAPTER ADMINISTRATORS

Select one:

New Member

Current Member

Expiration Date of Current Membership: _____

Name: _____

Company: _____

Address: _____

City: _____

State or Province: _____

Postal Code: _____

Country: _____

Phone: _____

Fax: _____

E-Mail: _____

Chapter: _____

Category (check one): Supplier Planner

Member # (if applicable): _____

Please check all applicable designations:

CHME CHSP CHA CMP CEM CAE CMM Other _____

MPI is an individual membership organization as stated in the MPI Policy Manual, Article III, Section 1. This is a complimentary 12-month membership granted to you as a benefit of your employment with the named chapter. Should employment be discontinued for any reason, the remainder of your membership is not transferable and will become the property of the chapter.

***Please send your completed form to Member Services at
feedback@mpi.org***