**CHAPTER OPERATIONS FORM**

To be submitted on an annual basis by December 1st to Chapter Operations Manager.

Chapter Name: Click or tap here to enter text. Submitted on: Click or tap to enter a date.

Completed By: Click or tap here to enter text.

List the individuals who are responsible for these areas within your chapter. Please include member ID numbers to ensure accuracy. Officers and Board of Directors who were submitted on the chapter slates have already been accepted by MPI Global and have been given the rights and access to the reports or documents needed to perform their assigned duties.

**Reimbursement Contact:** This person will receive chapter rebate reports and reimbursements. *(Typically, Chapter Administrator or VP of Finance if no Administrator is contracted)*

Name:Click or tap here to enter text. Email Address: Click or tap here to enter text.

Member ID #:Click or tap here to enter text. Phone: Click or tap here to enter text.

Company: Click or tap here to enter text. Title: Click or tap here to enter text.

Street Address:Click or tap here to enter text.

City: Click or tap here to enter text. State:Click or tap here to enter text. Zip/Postal:Click or tap here to enter text.

**Primary Chapter Contact:** This individual is listed on the mpiweb.org listing of chapters and will be the main point of contact when referred by MPI Global for chapter related questions. *(Typically, Chapter Administrator or President if no Administrator is contracted)*

Name:Click or tap here to enter text. Email Address: Click or tap here to enter text.

Member ID #:Click or tap here to enter text. Phone: Click or tap here to enter text.

Company: Click or tap here to enter text. Title: Click or tap here to enter text.

Street Address:Click or tap here to enter text.

City: Click or tap here to enter text. State:Click or tap here to enter text. Zip/Postal:Click or tap here to enter text.

**\*Chapter Administrator/Executive Director:** This should be the Administrator for your chapter who receives the

complimentary membership from MPI Global this term.

Name:Click or tap here to enter text. Email Address: Click or tap here to enter text.

Member ID #:Click or tap here to enter text. Phone: Click or tap here to enter text.

Company: Click or tap here to enter text. Title: Click or tap here to enter text.

Street Address:Click or tap here to enter text.

City: Click or tap here to enter text. State:Click or tap here to enter text. Zip/Postal:Click or tap here to enter text.

\*Attach current version of Chapter Administrator contract.