



MEMBERSHIP APPLICATION

CAMPAIGN CODE: _____

MEMBER INFORMATION

Mr. Ms. Mrs. Dr.

First Name _____ Middle _____ Last _____

Designation: CMP CMM HMCC Other _____ Job Title _____

Company Name _____

Who referred you? _____

Chapter Affiliation _____

(Applicable for Preferred and Premier Memberships only)

Graduation Year (if applicable) _____

How did you hear about us? _____

Member Type		Membership Level
<input type="checkbox"/> Planner	<input type="checkbox"/> Supplier	<input type="checkbox"/> Premier
<input type="checkbox"/> Faculty	<input type="checkbox"/> Student	<input type="checkbox"/> Preferred
		<input type="checkbox"/> Essential

CONTACT INFORMATION

Please enter your preferred mailing address: Home Work

Street Address _____ Apt/Suite/Office _____

City/Town _____ State/Province _____ Zip/Postal _____ Country _____

Email _____

Phone: Home Mobile _____ Work _____

PAYMENT INFORMATION

Check Enclosed MasterCard Visa American Express Discover Send Invoice

Name on Card _____

Card Number _____ Exp. Date _____ CVW Number _____

State/Province _____ Zip/Postal _____

Total Amount _____ Signature _____ Date _____

Bank - Wire Transfer

Check this box if you would like to be automatically renewed using this credit card when membership expires.

Meeting Professionals International (Tax ID: 23-7256168)

Account Number: 2036630 • Bank Routing for ACH/Wire Transfers: 111025877 • International SWIFT: TESYUS41

Name of Bank: Texas Security Bank, 1212 Turtle Creek Blvd., Dallas, TX 75207

ACKNOWLEDGMENT

All information provided in this application is complete and correct to the best of my knowledge and belief and if additional information is needed, I will supply it. I shall conduct my activities in accordance with the Bylaws, Policies and Procedures, and Principals of Professionalism of MPI as they are now or amended in the future. I waive and release all claims, demands and actions that I now or may in the future have against MPI, its officers, directors, members, agents, employees and chapters for any act or omission, in granting or denying membership in MPI or in censoring, suspending, expelling, or terminating my membership in MPI. I agree to allow my contact information to be included in all MPI marketing preference lists. If I am using a credit card, I authorize MPI to process such request in accordance with the appropriate credit card rules and regulations governing it.

Signature required _____

Print name _____

Date _____

SEND MEMBERSHIP APPLICATION WITH PAYMENT TO:

Meeting Professionals International
PO Box 226308 • Dallas, TX 75222-6308
Tel 972.702.3000 Fax 972.702.3065
Web www.mpi.org Email feedback@mpi.org



Membership Benefits

	« Essential »	« Preferred »	« Premier »
24/7 On Demand Professional Development	●	●	●
MPI Weekly Newsletters	●	●	●
MPI Industry Research	●	●	●
Member Rate for MPI Global Events	●	●	●
<i>The Meeting Professional</i> ® Digital Magazine	●	●	●
Full Access to the MPI Community Forums	●	●	●
Member Directory Listing and Access	●	●	●
Access to Global Marketplace	●	●	●
Advance Job Board Notice (Planner only)		●	●
Global Supplier Marketplace Listing (Supplier only)		●	●
Chapter Affiliation and Discounts at Chapter Events		●	●
Advanced copy of <i>Meetings Outlook</i>			●
10% off registration to MPI Experiential Events, if qualified.			●
10% discount on Academy programs (CMM and CMP excluded)			●
10% discount on WEC and other MPI Global Events			●
MPI Signature Event Virtual Pass			● **
Advanced reservation to annual Career Center at WEC			● **
Advanced reservation for complimentary professional headshots during WEC			● **

**When Available

Membership Pricing

Planner « Essential » « Preferred » « Premier »

Supplier « Essential » « Preferred » « Premier »

Student

Faculty

MPI offers tiered, global membership pricing. Contact us for pricing in your area.

Visit: mpi.org/join

Call: +1 972.702.3030

Email: feedback@mpi.org

Pricing includes a one-time \$50/€50 application fee for new members.

For full benefits, visit mpi.org/join