



**Renewal Hardship Assistance REQUEST FORM**

Members facing personal hardship circumstances – including maternity, paternity, and medical leave; deployment; natural disaster impacts, and unemployment could be eligible for renewal support.

I would like to apply for the Renewal Hardship Program offered by Meeting Professionals International. I agree that to renew my membership after my six-month complimentary extension, I will need to include a renewal payment of \$99 USD/CAD or €99 to MPI before my expiration date. I also understand that I can only use the renewal assistance program a total of two times which equals one year.

Please check one qualifying category:  Unemployed  Maternity/Paternity/Medical Leave  Deployment Leave  Natural Disaster Impacted.

Member Printed Name \_\_\_\_\_

Membership Number \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date unemployment began: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Renewal Assistance Level**

First time-Complimentary Six-Month Extension  Second Six-Month Extension (\$99 due)

**Former or Current Employer**

Company \_\_\_\_\_

Email \_\_\_\_\_

Previous Title \_\_\_\_\_

**Your Current Address**

Street/PO Box \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Mail	Email	Fax	Phone
Meeting Professionals International Member Services 2711 LBJ Frwy, #600 Dallas, TX 75234 USA	feedback@mpi.org	972.702.3065	972.702.3030

**Payment Information**

Make checks payable to: Meeting Professionals International

MasterCard  VISA  American Express

Name on card \_\_\_\_\_

CC Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Number \_\_\_\_\_

Signature \_\_\_\_\_

*Thank you for allowing us to help you.*