

# MPI Middle PA Chapter Affiliate Membership Application

Thank you for your inquiry regarding an affiliate membership in the Middle Pennsylvania Chapter of MPI. As an affiliate member, you will receive notices of monthly meetings and all other Chapter Events. In addition, you will be offered the discounted member's fee to attend all MPMPI events.

Your membership as an affiliate member will begin the month that we receive your full payment and will be renewable in one year. We will need payment in full in order to process your order. Please make checks payable to MPMPI.

\_\_\_\_\_ I wish to become/continue as an MPMPI affiliate member at the membership rate of \$100.00

MPI Member Chapter \_\_\_\_\_

MPI ID# (Required) \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Accepted By Check:** Please make check payable to MPMPI and mail to the address listed below.

**Return this form and payment to: MPMPI, PO Box 914, Hershey, PA 17033-0914**