

UNEMPLOYED MEMBER ASSISTANCE REQUEST FORM

I would like to take advantage of the Unemployed Member Assistance Program offered by Meeting Professionals International. I agree that in order 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 Unemployed Member Assistance level a total of two times which equals one year. I affirm that I am not currently employed, a Planner or Supplier member, and will submit documentation proving so.

Member Printed Name		Membership Number	r
Date//20	Date unemployment began:	//20	
Unemployment Membershi	o Level		
C	First time-Complimentary	Second Time (\$99 due)	
Previous Employment Company			
Street/PO Box			
City	State	Zip	
Phone ()	Fax ()	
Email			
Previous Title			
Your Current Address			
Street/PO Box		Apt	
City	State	Zip	
Phone ()	Fax ()	
Email			
Mail		Fax	Phone
Meeting Professionals Ir Member Services 2711 LBJ Frwy #600 Dallas, TX 75234 USA	Iternational	972.702.3065	972.702.3053
Payment Information	ake checks payable to: Meeting F	Professionale International	
MasterCard VISA	American Express	Toressionals international	
Name on card			
CC Number	Exp. Date	CVV Number	
Signature		Date//20	
	Thank you for allowing	us to help you.	