

## Affiliate Member Application

Thank you for your interest in joining the MPI Houston Area Chapter (MPI-HAC) as an Affiliate Member. We look forward to your involvement with our chapter.

The Affiliate Membership fee is \$100.00 annually from the time of joining. Benefits to becoming a member of the Houston Area Chapter include:

- Invitations to all MPI-HAC meetings and events
- Access to the MPI-HAC member directory
- Advertising and sponsorship opportunities
- Ability to post on MPI-HAC Job Board

**Terms & Conditions:**

You can only become an Affiliate member of MPI-HAC if you have a full membership at another MPI Chapter.

The Affiliate Member is expected to RSVP for each monthly meeting that they plan to attend. Otherwise, the member will be considered a walk-in and seated based on availability.

If transferring an Affiliate Membership, a letter from the previous Affiliate Member requesting the transfer must be submitted to the Chapter Membership person before the status can change. Affiliate Program annual fees are non-refundable and are non-transferable to other MPI Chapters.

Please forward this Affiliate Membership Application with credit card information or check made payable to:

**MPI-Houston Area Chapter  
P.O. Box 692332  
Houston, TX 77269**

Or scan and email the completed application to:

Shannon Smith, MPI Houston Chapter Administrator at [mpihac@comcast.net](mailto:mpihac@comcast.net)

If you have additional questions about this application, please contact Elizabeth Brazil, VP of Membership at [ebrazil@saber.net](mailto:ebrazil@saber.net).

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Company/Affiliation:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**MPI Member #** \_\_\_\_\_ **Date Joined:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*For Chapter Use Only*

MPI-HAC Affiliate Membership Effective Date: From \_\_\_\_\_ to \_\_\_\_\_

cc: Chapter Manager, Date: \_\_\_\_\_ Vice President of Finance, Date: \_\_\_\_\_

Director of Membership, Date: \_\_\_\_\_

File: MPI-Houston Area Chapter Affiliate Application Form