

# Student Membership Application

Send membership application with payment to:  
**Meeting Professionals International**  
 3030 LBJ Freeway, Suite 1700  
 Dallas, TX 75234-2759 USA  
 tel 972.702.3000  
 fax 972.702.3089  
 web www.mpiweb.org



MEETING PROFESSIONALS INTERNATIONAL

**NOTE: THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED, DATED AND SUBMITTED WITH PAYMENT PRIOR TO CONSIDERATION.**

**QUALIFICATIONS FOR STUDENT MEMBERSHIP:** Applicant must be enrolled in a post-secondary academic program with emphasis in the meetings, hospitality, events or tourism industries. Applicant must be enrolled in a minimum of six (6) semester credit hours or equivalent quarter credit hours either undergraduate or graduate programs unless the academic institution defines it otherwise. Applicant must submit to MPI, with this completed application, proof of enrollment in academic courses prior to membership acceptance. (Proof of enrollment may be a current semester transcript or courses/credit hours defined on school letterhead and signature of authorized school representative)

(Please Print or Type) First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_  Mr.  Mrs.  Ms.

CMP  CAE  CHME  CMM  CHSE  CSEP  Other \_\_\_\_\_  
 CHSP  CHA  GEM  CCTE  CITE  CTC

**FOR MPI USE ONLY**

Member ID

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Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

Street Address \_\_\_\_\_ Suite/Apt # or PO Box (Note: UPS will not deliver to PO Box) \_\_\_\_\_

City or Town \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone Daytime \_\_\_\_\_ Evening Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address (will appear in the MPI membership directory) \_\_\_\_\_

How did you hear about MPI?  
 Mailer/Magazine/Brochure  Trade show  Chapter Meeting  
 *The Meeting Professional Magazine*  E-mail/advertising  Colleague/Friend  
 Existing member Name of Member that recruited you \_\_\_\_\_

**CHAPTER AFFILIATION**

MPI membership entitles additional affiliation with a local chapter. Chapter assignment is determined by geographical region unless otherwise requested. I prefer to be assigned to \_\_\_\_\_ Chapter.

**DUES**

**MEMBERSHIP IN MPI IS RECORDED IN THE NAME OF THE INDIVIDUAL, NOT THE ORGANIZATION.** Membership dues are nonrefundable and are due annually on the anniversary date of acceptance. Dues quoted are effective July 2005 and are subject to change. Annual membership dues automatically include \$25 for subscriptions to *The Meeting Professional* and are nondeductible therefrom. Approximately 37.5% of MPI dues is rebated to local chapters for membership support and education.

\$40US  \$50 CDN  €35 Euro

Voluntary contribution to support the work of the MPI Foundation\*  
 \$25 US  \$50 US  \$100 US  
 \$25 CDN  \$70 CDN  \$140 CDN  
 €21 Euro  €42 Euro  €85 Euro

\* May be tax-deductible as a charitable contribution.

You may elect to set up an automatic renewal of your membership. Simply check the designated box below, which authorizes MPI to automatically renew your annual Membership during the final 30 days of your paid membership year. MPI will continue to automatically renew your membership, at the applicable membership renewal rate and send you an electronic receipt of the transaction. MPI will continue to auto-renew this membership until instructed, in writing, to stop by the member.

I wish to have MPI automatically renew my annual membership and charge the card designated above. I understand that this auto renewal will continue until such time as I instruct MPI to cease, in writing, or the credit card provided is declined or expires.

**PAYMENT INFORMATION**

Check Enclosed

MasterCard  American Express  
 VISA  Discover  
 Diner's Club

Cardholder's Name \_\_\_\_\_  
 Card No. \_\_\_\_\_  
 Expiration Date: (mm/yyyy) \_\_\_\_\_

\*All credit card transactions are processed in U.S. dollars and are subject to the current exchange rates.

Total Amount Enclosed

**IMPORTANT!**

Please complete the Membership Profile information on the following page. The information assists MPI in developing new, improved services and direction for innovative programming. In addition, the data is necessary for *The Meeting Professional* magazine to complete an industry audit which boosts advertising revenue and minimizes the need for dues increases.

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Institution Name \_\_\_\_\_

Street Address Suite/Apt# or PO BOX (Note: UPS will not deliver to PO Box) \_\_\_\_\_

City or Town State/Province \_\_\_\_\_

ZIP/Postal Code Country \_\_\_\_\_

2) Type of School  a) University  b) College  c) Jr. College  d) other (please specify) \_\_\_\_\_

3) Degree Pursuing  a) Associate  b) Bachelor of Arts  c) Bachelor of Science  d) Master  e) Doctorate  
 f) Certificate  g) Not pursuing a degree at this time

4) Major \_\_\_\_\_ Minor \_\_\_\_\_

5) Year In School (Check one)  a) Freshman  b) Sophomore  c) Junior  d) Senior  e) Graduate

6) Anticipated Graduation Date (mm/yyyy) \_\_\_\_\_

7) Curriculum \_\_\_\_\_

8) Are you currently employed?  yes  no If so, where \_\_\_\_\_

Full-time  Part-time Length of Employment \_\_\_\_\_

Name of courses in which currently enrolled and hours/credits of each:

Name of Class	Credits	Name of Class	Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total number of hours/credit in which currently enrolled

APPLICANT MUST SUBMIT TO MPI, WITH THIS COMPLETED APPLICATION, PROOF OF ENROLLMENT IN ACADEMIC COURSES PRIOR TO MEMBERSHIP ACCEPTANCE. (PROOF OF ENROLLMENT MAY BE A CURRENT SEMESTER TRANSCRIPT OR COURSES/CREDIT HOURS DEFINED ON SCHOOL LETTERHEAD AND SIGNATURE OF AUTHORIZED SCHOOL REPRESENTATIVE)

**ACKNOWLEDGEMENT**

In consideration of MPI accepting this application, I agree that:

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 Principles of Professionalism of MPI as 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.

Signature Required: \_\_\_\_\_

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