

European Faculty Membership Application

Send membership application with payment to:
Meeting Professionals International
 15, route de Grundhof
 L-6315 Beaufort
 Grand-Duchy of Luxembourg
 tel +352 26 10 36 10
 fax +352-2687.6343
 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 FACULTY MEMBERSHIP: Applicant must be employed as faculty in post-secondary academic programs related to the meetings, hospitality, events or tourism industries. Applicant's primary employment, remuneration, direction and efforts must be in a recognized academic institution. Applicant must be considered an employee within their institution. Applicant must submit proof of academic employment with this application AND MUST provide proof on an annual basis to retain their faculty membership. (Proof of academic employment should be on employer's letterhead and include validation of employment, courses and signature of departmental head) Guest lecturers are NOT eligible for faculty membership.

FOR MPI USE ONLY

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

Mr. Mrs. Ms.

CMP CAE CHME CMM CHSE CSEP
 CHSP CHA CEM CCT CITE CTC
 Other _____

Member ID

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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

Daytime Telephone Alternate 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 the _____ 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 \$50 for subscriptions to *The Meeting Professional* and are nondeductible therefrom. Approximately 20% of MPI dues is rebated to local chapters for membership support and education.

\$195 US \$245 CDN €165 Euro

Voluntary contribution to support the work of the MPI Foundation*

\$35 US \$50 US \$100 US
 \$35 CDN \$70 CDN \$140 CDN
 €21 Euro €42 Euro €85 Euro * May be tax-deductible as a charitable contribution.

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

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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.

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.

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| | |
|------------------|----------------------------------|
| Institution Name | Institution Web site/URL address |
|------------------|----------------------------------|

| | |
|----------------|---|
| 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 Held a) Associate of AAS b) Bachelor of Arts c) Bachelor of Science d) Master
 e) Doctorate f) Certificate g) Other (please specify) _____

4) Your title within the institution:

| | |
|---|---|
| <input type="checkbox"/> Executive (President/COO/CIO/CMO/Dean) <input type="checkbox"/> Chancellor/Vice Chancellor <input type="checkbox"/> Director <input type="checkbox"/> Coordinator/Administrator | <input type="checkbox"/> Vice President/Assistant Vice President <input type="checkbox"/> Professor/Associate Professor <input type="checkbox"/> Manager/Department or Program Supervisor <input type="checkbox"/> Other (please specify): _____ |
|---|---|

5) Number of years you have been employed in secondary education: _____

6) Number of years employed as faculty in post-secondary academic programs related to the meetings industry, hospitality, events or tourism industry:

7) Who do you report to? Executive Management School Officer Other (please specify): _____

8) Total budget you control: US \$ _____ CDN \$ _____ Euro € _____

9) Total number of meetings planned in/by your department per year: _____

10) Your total meetings budget: US \$ _____ CDN \$ _____ Euro € _____

11) Your school's total meetings budget: US \$ _____ CDN \$ _____ Euro € _____

12) Your department size (# of employees): _____

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: _____