



MEETING PROFESSIONALS INTERNATIONAL



## Membership Application: Faculty

(Please Print or Type)  Mr.  Ms.  Mrs.  Dr.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Designation  CMP  CAE  CHME  CMM  CHSP  CHA  CEM  CCTE  OTHER \_\_\_\_\_

University / Institution \_\_\_\_\_

Job Title \_\_\_\_\_

### Title Category

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Executive (President, COO/CIO/CMO/Dean)   | <input type="checkbox"/> Director                    | <input type="checkbox"/> Assistant Professor                   | <input type="checkbox"/> Lecturer     |
| <input type="checkbox"/> Chancellor / Vice-Chancellor              | <input type="checkbox"/> Department or Program Chair | <input type="checkbox"/> Adjunct Professor                     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vice-President / Assistant Vice-President | <input type="checkbox"/> Professor                   | <input type="checkbox"/> Instructor                            |                                       |
| <input type="checkbox"/> Dean                                      | <input type="checkbox"/> Associate Professor         | <input type="checkbox"/> Coordinator / Administrator / Advisor |                                       |

### HOME CONTACT INFORMATION

Street Address \_\_\_\_\_

Apt/Suite/Office (Note: UPS will not deliver to a PO Box) \_\_\_\_\_

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

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

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

### WORK CONTACT INFORMATION

Street Address \_\_\_\_\_

Apt/Suite/Office (Note: UPS will not deliver to a PO Box) \_\_\_\_\_

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

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

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

Website \_\_\_\_\_

Preferred Mailing Address:  Home  Work  
Preferred Email Address:  Home  Work

### CHAPTER AFFILIATION

One of the biggest perks of MPI membership is your new relationship with your local chapter. We'll assign you to a chapter based on your geographic coordinates (longitude and latitude not required), unless you indicate otherwise below.

I prefer to be assigned to \_\_\_\_\_ Chapter.

How did you hear about MPI? \_\_\_\_\_

Were you ever a member of MPI? \_\_\_\_\_

Name of member (or member ID) who recruited you \_\_\_\_\_

### DUES

**MEMBERSHIP IN MPI BELONGS TO THE INDIVIDUAL WHO ORIGINALLY JOINS THE ASSOCIATION, RATHER THAN THE EMPLOYING ORGANIZATION.**

Member dues are nonrefundable and are due annually on the anniversary date of acceptance. Dues quoted are effective July 1, 2004 and are subject to change. Annual membership dues include an annual subscription to One+ magazine. Approximately 20% of dues are rebated to local chapters for membership support and education.

\$195 Faculty membership.  
*Dues are generally tax-deductible as an ordinary and necessary business expense.*

Voluntary Contribution to support the work of the MPI Foundation Europe. (May be tax-deductible as a charitable contribution)  \$45 US  \$60 US  \$100 US  Other \$ \_\_\_\_\_ US

### Payment Information

Check Enclosed  MasterCard  VISA  American Express  Please send an invoice for payment

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_  
(3 or 4 digit number on the back of the card)

Total Amount: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check this box if you would like to be automatically renewed using this credit card when your membership expires.

**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. Applicants 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.

# FACULTY QUESTIONS

**1. In which type of school are you a faculty member? (choose just one school type)**

- Jr. College
- College
- University
- Other: \_\_\_\_\_

**2. What degree level do you instruct? (check all that apply)**

- Non-degree / Certificate
- Associate
- Undergraduate
- Graduate

**3. Highest degree earned?**

- Associate of AAS
- Bachelor of Arts
- Bachelor of Science
- Master
- Doctorate
- Certificate
- Other: \_\_\_\_\_

**4. Number of years you have been employed in secondary education? \_\_\_\_\_**

**5. Number of years employed as faculty in Post-Secondary Academic Programs related to the meetings industry, hospitality, events or tourism? \_\_\_\_\_**

**6. How many courses do you teach? (per year)**

- 1-3
- 4-6
- 7-10
- 11+

**7. What are your areas of instruction? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Entrepreneurship                  | <input type="checkbox"/> Law / Ethics                 |
| <input type="checkbox"/> Food and Beverage Management      | <input type="checkbox"/> Marketing                    |
| <input type="checkbox"/> Finance / Accounting / Purchasing | <input type="checkbox"/> Meeting and Event Management |
| <input type="checkbox"/> Gaming Management                 | <input type="checkbox"/> Research                     |
| <input type="checkbox"/> Hotel / Lodging Management        | <input type="checkbox"/> Strategic Management         |
| <input type="checkbox"/> Human Resources / Leadership      | <input type="checkbox"/> Travel and Tourism Industry  |
| <input type="checkbox"/> IT                                | <input type="checkbox"/> Other: _____                 |

**8. In which associations are you involved? (check all that apply)**

	General Member	Board Member
ASAE	<input type="checkbox"/>	<input type="checkbox"/>
ACTE	<input type="checkbox"/>	<input type="checkbox"/>
RCMA	<input type="checkbox"/>	<input type="checkbox"/>
CHRIE	<input type="checkbox"/>	<input type="checkbox"/>
PCMA	<input type="checkbox"/>	<input type="checkbox"/>
HSMIA	<input type="checkbox"/>	<input type="checkbox"/>
DMAI	<input type="checkbox"/>	<input type="checkbox"/>
NASC	<input type="checkbox"/>	<input type="checkbox"/>
AHMA	<input type="checkbox"/>	<input type="checkbox"/>
ICPA	<input type="checkbox"/>	<input type="checkbox"/>
IAEM	<input type="checkbox"/>	<input type="checkbox"/>
IH&RA	<input type="checkbox"/>	<input type="checkbox"/>
IACC	<input type="checkbox"/>	<input type="checkbox"/>
ICCA	<input type="checkbox"/>	<input type="checkbox"/>
AIPA	<input type="checkbox"/>	<input type="checkbox"/>
FICP	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>
NONE	<input type="checkbox"/>	<input type="checkbox"/>

If you answered OTHER to question #8 please also answer question #9.

**9. In which OTHER associations are you involved?**

	General Member	Board Member
Association Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Association 1 _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Association 2 _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Association 3 _____	<input type="checkbox"/>	<input type="checkbox"/>

# FINISH

**ACKNOWLEDGEMENT**

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 they 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.

I agree to allow my contact information to be included in all MPI marketing preference lists.

If I am using a credit card, I authorize MPI to process such request in accordance with the appropriate credit card rules and regulations governing it.

**Signature Required** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**For MPI Use Only**

Member ID

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

Send membership application with payment to:

**Meeting Professionals International**  
 3030 LBJ Freeway  
 Suite 1700  
 Dallas, TX 75234-2759  
**Tel** +1-972-702-3000  
**Fax** +1-972-702-3065  
[www.mpiweb.org](http://www.mpiweb.org)