



M E E T I N G P R O F E S S I O N A L S I N T E R N A T I O N A L

## 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 \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ Date unemployment began: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### Unemployment Membership Level

First time-Complimentary     Second Time (\$99 due)

### Previous Employment

Company \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Previous Title \_\_\_\_\_

Previous Supervisors Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Your Current Address

Street/PO Box \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Mail	Fax	Phone
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Meeting Professionals International Member Services 2711 LBJ Frwy #600 Dallas, TX 75234 USA	972.702.3065	972.702.3053
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### Payment Information

Make checks payable to: Meeting Professionals International

MasterCard     VISA     American Express

Name on card \_\_\_\_\_

CC Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Thank you for allowing us to help you.