



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 €60 €100 Other € _____

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.

DATA PROTECTION

MPI complies with the Directive 95/46/EC of the European Parliament and of the Council of the European Union of 23 November 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of that data (OJ L 28 1). I understand that my personal data will be processed and stored by MPI. I can request MPI to correct, supplement, delete or block the said data in the event that it is factually inaccurate, incomplete or irrelevant to the purpose or purposes of the processing, or is being processed in any other way which infringes a legal provision. The request shall contain the modifications to be made. I authorise MPI to release my data in its directories and to third parties but have the right to register an objection to this processing at any time and at no cost to himself.

REALLY IMPORTANT!

The following page is designed to build your MPI member profile so we can get to know you better. Please fully complete the next section and, in turn, we'll do our part by developing services and programming that best fit your needs.

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 Principals 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	<input style="width: 100%; height: 15px;" type="text"/>
Initials: _____	Date: _____

Send membership application with payment to:

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Europe / Middle East / Africa Office
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 Beaufort, L-6315
 Grand Duchy of Luxembourg
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