

Corporate Membership Application

MPI Corporate Membership allows businesses to secure year-long Preferred level membership benefits for groups of employees at a discounted rate. All corporate memberships begin on the same date and last 12 months. Existing MPI Members may be included in a corporate membership purchase. Memberships are owned by the individual; if an employee leaves, MPI will continue their individual membership separate from the company’s corporate membership. The company can add a new member at time of transition or can change member information at time of renewal. Each employee has access to their local MPI chapter as well as industry research and news, on-demand education, a membership directory, and additional resources.

|  |
| --- |
| **Company Information** |

Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite/Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal \_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| **Corporate Package Pricing – USD/CAD** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Package Level** | **Number of Individuals** | **Planner Cost** | **Supplier Cost** | **First Year Savings**  (includes $50 Admin fee per person) | **Annual Savings** | | Corporate | 5-9 | $364/pp | $480/pp | **$305-$585** | **$55-$135** | | Supporter | 10-14 | $356/pp | $470/pp | **$690-$1,050** | **$190-$350** | | Sponsor | 15-29 | $338/pp | $446/pp | **$1,305-$2,871** | **$555-$1,421** | | Advocate | 30-49 | $319/pp | $421/pp | **$3,180-$6,076** | **$1,680-$3,626** | | Visionary | 50-74 | $300/pp | $396/pp | **$6,250-$11,026** | **$3,750-$7,326** | | Innovator | 75-99 | $281/pp | $371/pp | **$10,800-$17,226** | **$7,050-$12,276** | | Thought Leader | 100 + | $263/pp | $347/pp | **$16,200+** | **$11,200+** | |  |  |
|  |  |  |
| **Corporate Package Pricing -EUR** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Package Level** | **Number of Individuals** | **Planner Cost** | **Supplier Cost** | **First Year Savings**  (includes €50 Admin fee per person) | **Annual Savings** | | Corporate | 5-9 | €325/pp | €432/pp | **€300-€567** | **€50-€117** | | Supporter | 10-14 | €318/pp | €423/pp | **€670-€1,008** | **€170-€308** | | Sponsor | 15-29 | €302/pp | €401/pp | **€1,245-€2,726** | **€495-€1,276** | | Advocate | 30-49 | €285/pp | €378/pp | **€3,000-€5,733** | **€1,500-€3,283** | | Visionary | 50-74 | €268/pp | €356/pp | **€5,850-€10,286** | **€3,350-€6,586** | | Innovator | 75-99 | €251/pp | €334/pp | **€10,050-€15,939** | **€6,300-€10,989** | | Thought Leader | 100 + | €235/pp | €312/pp | **€15,000+** | **€10,000+** | |  |  |
| **Cost Calculation** |  |  |
| **\****Pricing in other currencies dependent on USD exchange rate. Please fill out this form in USD and submit. A final amount in the desired currency will be supplied on your invoice.*  **Choose Package Level based on total number of members. Note Membership category (Planner or Supplier), Number of Individuals, and Cost based on package level selected. Multiply Number of Individuals by Cost based on package level for Total Cost.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Package Level** | **Membership category (Planner or Supplier)** | **Number of Individuals** | **Package Level Cost** | **Total Cost** | |  |  |  |  |  | |  |  |  |  | | **Total Amount Submitted or to Invoice** | | | |  |   Example:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Package Level** | **Membership category (Planner or Supplier)** | **Number of Individuals** | **Package Level Cost** | **Total Cost** | | Thought Leader | Planner | 51 | $263 | $13,413 | | Supplier | 49 | $347 | $17,003 | | **Total Amount Submitted or to Invoice** | | | | **$30,416** | |  |  |
| **Payment** |  |  |
|  |  |  |

❑ Check Enclosed (payable to Meeting Professionals International) ❑Send Invoice  
❑ MasterCard ❑Visa ❑American Express ❑Discover

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

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Number\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Dues are non-refundable and are due annually on the anniversary date of acceptance.*

|  |  |
| --- | --- |
| Acknowledgment 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 to 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 censing, 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 my 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\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | **Send membership application with payment to:**  Meeting Professionals International Member Services  2711 LBJ Freeway, Suite #600 Dallas, TX 75234  Fax: + 1.972.702.3065  *Questions*? Contact MPI Global at  Phone: +1.972.702.3053  Email: feedback@mpi.org |

*COMPANY/GROUP NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| **Member Information** |

*Select one:* ❑ New ❑ Renewal Current Member ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(if unknown, will be filled out by MPI)*

*Select one:* ❑ Planner ❑ Supplier Chapter preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Planners*: What type of meetings do you primarily plan?

❑ Corporate ❑ Assoc./Non-Profit ❑ Government ❑ Independent/Third Party

❑ Mr. ❑ Ms. ❑ Mrs. ❑ Mx. ❑ Dr. *Current Designation:* ❑ CMP ❑ CMM ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name/Initial \_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LinkedIn Profile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt Number \_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Work ❑ Home

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ ❑ Work ❑ Home ❑ Cell *Receive text messages from MPI Global?* ❑ Yes ❑ No

Preferred Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Work ❑ Home

*Opt in for MPI Global emails:* ❑ Yes ❑ No *Opt in for MPI Foundation emails:* ❑ Yes ❑ No *Opt in for Third Party emails:* ❑ Yes ❑ No

Desired Community/Special Interest Group *(check all that apply):* ❑ Administrative Planners ❑ Asian Meeting Professionals

❑ Association Planners ❑ Black Meeting Professionals ❑ Corporate Planners ❑ Diversity & Inclusion

❑ Experiential Marketers & Designers ❑ Faculty ❑ Financial & Insurance Planners ❑ Government Planners

❑ Hispanic/Latinx Meeting Professionals ❑ Independent & Small Business Owner ❑ International Planners❑ LGBTQA

❑ MPI-MD Medical & Healthcare Planners ❑ Meeting Executives ❑ Military Veterans ❑ MPI Women

❑ People with Disabilities ❑ Safety & Security ❑ Student ❑ Suppliers ❑ University Planners

❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Member Information** |

*Select one:* ❑ New ❑ Renewal Current Member ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(if unknown, will be filled out by MPI)*

*Select one:* ❑ Planner ❑ Supplier Chapter preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Planners*: What type of meetings do you primarily plan?

❑ Corporate ❑ Assoc./Non-Profit ❑ Government ❑ Independent/Third Party

❑ Mr. ❑ Ms. ❑ Mrs. ❑ Mx. ❑ Dr. *Current Designation:* ❑ CMP ❑ CMM ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name/Initial \_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LinkedIn Profile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt Number \_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Work ❑ Home

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ ❑ Work ❑ Home ❑ Cell *Receive text messages from MPI Global?* ❑ Yes ❑ No

Preferred Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Work ❑ Home

*Opt in for MPI Global emails:* ❑ Yes ❑ No *Opt in for MPI Foundation emails:* ❑ Yes ❑ No *Opt in for Third Party emails:* ❑ Yes ❑ No

Desired Community/Special Interest Group *(check all that apply):* ❑ Administrative Planners ❑ Asian Meeting Professionals

❑ Association Planners ❑ Black Meeting Professionals ❑ Corporate Planners ❑ Diversity & Inclusion

❑ Experiential Marketers & Designers ❑ Faculty ❑ Financial & Insurance Planners ❑ Government Planners

❑ Hispanic/Latinx Meeting Professionals ❑ Independent & Small Business Owner ❑ International Planners❑ LGBTQA

❑ MPI-MD Medical & Healthcare Planners ❑ Meeting Executives ❑ Military Veterans ❑ MPI Women

❑ People with Disabilities ❑ Safety & Security ❑ Student ❑ Suppliers ❑ University Planners

❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*\*Please copy and fill out with names and information for all the employees enrolling in this corporate membership package*