

Print name

Date _

MEMBERSHIP APPLICATION

CAMPAIGN CODE:

First Name Middle	Last	
Designation: CMP CMM HMCC Other	Job	Title
Company Name		
Who referred you?	Member Type	Membership Level
Chapter Affiliation	☐ Planner ☐ \$ —— ☐ Faculty ☐ \$	
(Applicable for Preferred and Premier Memberships only)		☐ Essential
Graduation Year (if applicable)		'
How did you hear about us?		
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Street Address		Apt/Suite/Office
City/Town State/Province	Zip/Postal	Country
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Name on Card	Exp. Date Zip/Postal Check this be renewed usi	CVV Number Date ox if you would like to be automatically
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PAYMENT INFORMATION Check Enclosed Months Information provided in this application is complete and correct to the best of my knowledge ities in accordance with the Bylaws, Policies and Procedures, and Principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI, its officers, directors, members, and principals of Professionalism and actions that I now or may in the future have against MPI.	Exp. Date Zip/Postal Check this be renewed using the same shadows and belief and if additional information of MPI as they are now or amended.	CVV Number Date ox if you would like to be automatically ng this credit card when membership extension is needed, I will supply it. I shall conduct min the future. I waive and release all claims, do

SEND MEMBERSHIP APPLICATION WITH PAYMENT TO:

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Membership Levels & Benefits	Essential	Preferred	Premier
Professional Development on Demand	•	•	•
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Access to MPI Foundation Scholarships	•	•	•
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Rise Award Consideration	•	•	•
Culture Active Tool	•	•	•
Member Certificate	•	•	•
Chapter Affiliation & Discounts at Chapter Events		•	•
CMP Application Assistance		•	•
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VIP Pass at Global Events			•
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