



MEETING PROFESSIONALS INTERNATIONAL

CHAPTER OPERATIONS FORM

To be submitted on an annual basis by July 1 to Chapter Business Manager.

Chapter Name: _____

Submitted on: ____/____/20____

Completed By: _____

List the individuals who are responsible for these areas within your chapter. Please include member ID numbers to ensure accuracy. Officers and Board of Directors who were submitted on the chapter slates have already been accepted by MPI Global and have been given the rights and access to the reports or documents needed to perform their assigned duties.

Reimbursement Contact: This person will receive chapter rebate reports and reimbursements. (Typically Chapter Administrator or VP of Finance if no Administrator is contracted)

Name: _____

Email Address: _____

Member ID #: _____

Phone: _____

Company: _____

Title: _____

Street Address: _____

City: _____

State: _____

Zip/Postal: _____

Primary Chapter Contact: This individual is listed on the mpiweb.org listing of chapters and will be the main point of contact when referred by MPI Global for chapter related questions. (Typically Chapter Administrator or President if no administrator is contracted).

Name: _____

Email Address: _____

Member ID #: _____

Phone: _____

Company: _____

Title: _____

Street Address: _____

City: _____

State: _____

Zip/Postal: _____

***Chapter Administrator/Executive Director:** This should be the Administrator for your chapter who receives the complimentary membership from MPI Global this term.

Name: _____

Email Address: _____

Member ID #: _____

Phone: _____

Company: _____

Title: _____

Street Address: _____

City: _____

State: _____

Zip/Postal: _____

**Attach current version of Chapter Administrator contract.*