



MEETING PROFESSIONALS INTERNATIONAL



# Membership Application: Faculty

\*If you do not meet the qualifications for faculty membership listed, please use the MPI planner and supplier application form.

(Please Print or Type)  Mr.  Ms.  Mrs.  Dr./Ph D

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Designation  CMP  CAE  CHME  CMM  CHSP  CHA  CEM  CCTE  OTHER \_\_\_\_\_

University / Institution \_\_\_\_\_

Job Title \_\_\_\_\_

### Title Category

- Executive (President, COO/CIO/CMO/Dean)
- Chancellor / Vice-Chancellor
- Vice-President / Assistant Vice-President
- Dean
- Director
- Department or Program Chair
- Professor
- Associate Professor
- Assistant Professor
- Adjunct Professor
- Instructor
- Coordinator / Administrator / Advisor
- Lecturer
- Other: \_\_\_\_\_

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

Twitter \_\_\_\_\_ Facebook \_\_\_\_\_

Linkedin \_\_\_\_\_

### 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 who recruited you \_\_\_\_\_

### 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.

### 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, 2011 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 CAD Faculty membership.  
Dues are generally tax-deductible as an ordinary and necessary business expense.

Voluntary Contribution to support the work of the MPI Foundation. (May be tax-deductible as a charitable contribution)  \$45 CAD  \$60 CAD  \$100 CAD  Other \$ \_\_\_\_\_ CAD

### Payment Information

Check Enclosed  MasterCard  VISA  American Express  Please send an invoice for payment

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

Card Number: \_\_\_\_\_ Exp. 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.

\* 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. Name of school you are teaching at? \_\_\_\_\_

2. In which type of school are you a faculty member?  
(choose just one school type)

- Jr. College  
 College  
 University  
 Other: \_\_\_\_\_

3. What degree level do you instruct? (check all that apply)

- Non-degree / Certificate  
 Associate  
 Undergraduate  
 Graduate

4. Highest degree earned?

- Associate  
 Bachelor  
 Master  
 Doctorate  
 Certificate  
 Other: \_\_\_\_\_

5. Number of years you have been employed in secondary education? \_\_\_\_\_

6. Number of years employed as faculty in Post-Secondary Academic Programs related to the meetings industry, hospitality, events or tourism? \_\_\_\_\_

7. How many courses do you teach? (per year)

- 1-3  
 4-6  
 7-10  
 11+

8. 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: _____                 |

9. 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"/>
HSMAI	<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 #9 please also answer question #10.

10. In which OTHER associations are you involved?

Association Name	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"/>

## YOUR MEMBERSHIP PATH

1. What are your main expectations of an MPI membership?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please rank, from 1 (most important) to 3 (least important), why you are joining MPI:

- \_\_\_\_ To increase your professional knowledge  
(professional development, education, meeting management, research, etc.)
- \_\_\_\_ To be connected to people in your profession  
(local/global network, peers, mentors, partners, clients, industry leaders, etc.)
- \_\_\_\_ To be successful in your career  
(industry designation, leadership development, business growth, etc.)

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

Send membership application  
with payment to:

**Meeting Professionals International**  
 6519-B Mississauga Road  
 Mississauga, Ontario L5N 1A6 Canada  
 Email [lwright@mpiweb.org](mailto:lwright@mpiweb.org)  
 Tel +1 905-286-4807  
 Fax +1 905-567-7191  
[www.mpiweb.org](http://www.mpiweb.org)