

UNEMPLOYED MEMBER ASSISTANCE REQUEST FORM

I would like to take advantage of the Unemployed Member Assistance Program offered by Meeting Professionals International. I agree that in order to renew my membership after my six-month complimentary extension, I will need to include a renewal payment of \$99 USD/CAD or €99 to MPI before my expiration date. I also understand that I can only use the Unemployed Member Assistance level a total of two times which equals one year. I affirm that I am not currently employed, a Planner or Supplier member, and will submit documentation proving so.

Member Printed Name		Membership Numbe	Membership Number	
Date//20	Date unemployment began:	//20		
Unemployment Membershi	p Level			
	☐ First time-Complimentary	☐ Second Time (\$99 due)		
Previous Employment Company				
Street/PO Box				
City	State	Zip		
Phone (Fax (_		_	
Email				
Previous Title				
Your Current Address				
Street/PO Box		Apt _		
City				
Phone (Fax (_			
Email				
Mail Meeting Professionals I Member Services 2711 LBJ Frwy #600 Dallas, TX 75234 USA	nternational	Fax 972.702.3065	Phone 972.702.3053	
Payment Information	Make checks payable to: Meeting	g Professionals International		
□ MasterCard □ VISA		g		
Name on card				
CC Number	Exp. Date	CVV Number		
Signature		Date/20 og us to help vou.)	