



AFFILIATE MEMBERSHIP APPLICATION

As you are already aware your membership in MPI makes you part of a global community of meeting and event professionals that connects you to the worldwide support, industry knowledge and business opportunities you need to be successful. Our local Chapters provide an education and networking link between members in a specific locality.

But, did you know that you can expand your reach and networking opportunities by joining the Philadelphia Area Chapter as an **AFFILIATE MEMBER**. What this does for you is:

- Maintain your membership status with your home affiliation
- Gain all the same members benefits as a full paying member for a different chapter, such as access to member lists, invitations to monthly programs, access to the members only sections of chapter websites and much, much more!
- You are entitled to all of the benefits of membership whether you are a supplier or planner member

Affiliate members pay a small fee (a fraction of the membership dues direct to the chapter of their choice). The Philadelphia Area Chapter Affiliate membership fee is \$125 per year and is based on the PAMPI fiscal year (July 1 – June 30). Dues must be paid in full during the first year of membership. Dues will be prorated based on join date during the 2nd year of membership.

As an affiliate member of the Philadelphia Area Chapter you will receive:

- Our event announcements (and qualify for member registration fees)
- Our digital chapter magazine – *MPI to Eye*
- Our weekly chapter e-newsletter
- Access to our online chapter membership directory
- A listing in our annual printed directory
- All chapter correspondence

To become an affiliate member of the Philadelphia Area Chapter, please complete the application on the following page and return it with payment to:

PAMPI
P.O. Box 579
Moorestown, NJ 08057
staff@pampi.org
(f) 856-727-9504
Questions? Call 856-231-7666



PHILADELPHIA AREA CHAPTER

M E E T I N G P R O F E S S I O N A L S I N T E R N A T I O N A L

AFFILIATE MEMBERSHIP APPLICATION

TODAY'S DATE: _____

NAME: _____

TITLE: _____

COMPANY: _____

I am a: PLANNER Type of Planner: _____

SUPPLIER Type of Supplier: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

WEBSITE: _____

MEMBER OF WHICH MPI CHAPTER: _____

MPI MEMBERSHIP NUMBER: _____ RENEWAL DATE (if known): _____

NOTE: You must be in good standing with Meeting Professionals International to be an affiliate member of PAMPI.

METHOD OF PAYMENT:

I will pay with a check (payable to PAMPI)

I will pay with a credit card (circle one) VISA MasterCard AMEX

Name as it appears on card: _____ Amount: _____

Credit Card Number: _____ Exp. Date: _____

Credit Card Billing Address: _____ CCID: _____

Card City, State, Zip: _____

Signature: _____

Return Completed Application & Payment to:

PAMPI

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