Unemployed Member Assistance Request Form

During difficult economic times, it is more crucial than ever to remain connected with the world's largest and leading meeting resource. Membership in Meeting Professionals International is one of the best returns on investment you can make in your personal and professional development. Our commitment to making our membership successful by building human connections to knowledge/ideas, relationship and marketplace is exemplified through benefits such as the "Unemployed Member Assistance Program".

MPI members impacted by unemployment may apply for the six months unemployment assistance program. Once employed or at the end of the six month period, whichever comes first, the qualified member must pay the renewal dues of $325.00 to remain an active member of MPI. Membership will be good for one full year from the date the renewal payment is received.

I would like to take advantage of the Unemployed Member Assistance Program offered by MPI, In order to continue my membership beyond this six-month extension. I agree to pay the renewal of $325 to MPI prior to the expiration of the membership extension. Upon renewal my membership will be good for one full year from the date of payment. I will advise MPI in the event I become employed during this time and no longer qualify for this special dispensation of dues. I affirm that I am not currently employed. A letter from my previous employer certifying the involuntary termination of my employment or, if self-employed, a legal document referencing the dissolution of my business accompanies this application. This documentation is for MPI auditing purposes and to ensure financial transparency.

_____ _____ _____

Member Printed Name Membership Number Date

Date unemployment began: _____

Previous Employer Name & Address (if applicable)

_____

_____

Previous Title _____

Previous Supervisors Name & Phone Number: _____

_____

Your New Address: _____

_____

Your New Phone: _____ Your New Fax: _____

Your New Email: _____

* The unemployment option may be exercised only once by a given member.

By completing and signing this form, I verify that all information is factual and correct and I am providing the above noted attachment applicable to my individual situation.

Signature _____ Date _____

Thank you for allowing us to help you.

**** Please return to Meeting Professionals International 3030 LBJ Frwy #1700, Dallas TX 75234 or Fax to 972-855-2036. Form must be sent along with letter certifying employment was terminated.**