



SUBSCRIBER MEMBERSHIP FORM

Name: _____ Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Primary Chapter of MPI Membership: _____ MPI Member #: _____

MPI Anniversary Date: _____ Planner _____ Supplier _____

Privileges

- Receives bi-monthly Wisconsin Chapter publication, AGENDA
- Access to Wisconsin Chapter Mobile Directory
- Receives weekly email Chapter News
- May attend monthly meetings at member rate
- May purchase mailing list at member rate

Subscriber Member Policy

Applicant must provide their existing MPI Membership Number and be a MPI member in good standing. Subscriber membership in Meeting Professionals International - Wisconsin Chapter, Inc., is in the name of the individual, not the organization. Subscriber membership dues go directly to the Wisconsin Chapter. Subscriber membership does not allow member to vote or seek a position on the Wisconsin Chapter Board of Directors.

Subscriber Member Dues: \$125.00 annually

Amount Enclosed: \$ _____

Please make check payable to MPI – Wisconsin Chapter and mail check and form to:

MPI – Wisconsin Chapter
2820 Walton Commons, Suite 103
Madison, WI 53718

To pay by credit card please return this form by fax to (608) 204-9818. Include credit card number below or call our office at (608) 204-9816.

Card Number: _____ Expiration: _____