



PCMA Member Application

Join Online at pcma.org!

Member Information:

Prefix: _____ First: _____ Middle Initial: _____ Last: _____

Suffix/Professional Designation (Jr., III, etc.): _____ Preferred Name (nickname): _____

Title: _____

Organization Name: _____

Organization Address/Suite #: _____

City: _____ State/Prov/Region: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Ext: _____ Cell Number: _____ Fax Number: _____

E-mail Address: _____ Web Site: _____

Gender*: _____ Birth Date (MM/DD/YYYY)*: _____ (*Not required for membership)

What year did you begin in the meetings/hospitality industry in any capacity?* _____ (i.e.: 1989)

Preferred billing, mailing & shipping address if different from the organization

Street Address/Suite #: _____

P.O. Box: _____

City: _____ State/Prov/Region: _____ Zip/Postal Code: _____ Country: _____

Membership Categories:

Please place an X in the box that designates the membership category you are applying for: **Declaration of membership class is made by the individual, confirming that they spend 51% or more of their time in their designated membership class.**

<input type="checkbox"/> PROFESSIONAL (\$360): Individuals who spend more than 51% of their time responsible or accountable for the development, organization, and management of meetings, conventions, exhibits and seminars. _____ Please initial here	<input type="checkbox"/> **ASSOCIATE PROFESSIONAL (\$200): Individuals who spend more than 51% of their time responsible or accountable for the development, organization, and management of meetings, conventions, exhibits and seminars. _____ Please initial here This category is available to: Individuals who have at least one Professional member in good standing working at the same business location. Name of PCMA Professional member at your location who makes you eligible for this Membership category: _____ <i>**Per the PCMA bylaws, you may only attend one Annual Meeting as an Associate level member.</i>
<input type="checkbox"/> SUPPLIER (\$485): Individuals who are engaged in providing products and services related to the operation of meetings, conventions, exhibits, and seminars.	<input type="checkbox"/> **ASSOCIATE SUPPLIER (\$260): Individuals who have at least one Supplier member in good standing working at the same business location. Name of PCMA Professional member at your location who makes you eligible for this Membership category: _____ <i>**Per the PCMA bylaws, you may only attend one Annual Meeting as an Associate level member.</i>
<input type="checkbox"/> FACULTY (\$205): Individuals employed as faculty in post-secondary academic programs directly related to meetings management and having met one of the following requirements: currently teaching at least two classes per semester; or currently teaching at least one class per quarter; or at least four classes in the past academic year.	
<input type="checkbox"/> STUDENT (\$40): Student membership is available at a rate of \$40 to students enrolled in a post secondary academic program directly related to hospitality or meeting management. The student must be enrolled in at least 6 credit hours. Please list your expected date of graduation here: _____	

PCMA Chapter Membership:

Your PCMA membership dues include **ONE** complimentary membership to the PCMA chapter of your choice, please select one. This will be your primary chapter. You may join additional chapters for membership dues of \$30 each.

<input type="checkbox"/> Canada East (ON, QB, NS, NB, PEI, NF)	<input type="checkbox"/> Canada West (AB, BC, SK, MB)	<input type="checkbox"/> Capital (DC, MD, VA)
<input type="checkbox"/> Chesapeake (MD, South DE, South PA)	<input type="checkbox"/> Greater Midwest (IL, IN, MI, MN, ND, SD, WI)	<input type="checkbox"/> Greater Philadelphia (eastern & central PA, DE, southern NJ)
<input type="checkbox"/> Gulf States (TX, LA, MS)	<input type="checkbox"/> Heartland (AR, IA, KS, MO, NE, OK,)	<input type="checkbox"/> Mexico
<input type="checkbox"/> New England (MA, ME, NH, RI, north CT, VT)	<input type="checkbox"/> New York Area (NY, northern NJ, southern CT)	<input type="checkbox"/> Northern California (northern CA, northern NV)
<input type="checkbox"/> Pacific Northwest (WA, OR, ID, AK, MT)	<input type="checkbox"/> POWER (Pittsburgh, OH, WV, Erie Region)	<input type="checkbox"/> Rocky Mountain (CO, UT, NM, WY)
<input type="checkbox"/> Southeast (AL, GA, KY, TN, NC, SC, FL)	<input type="checkbox"/> Southwest & Pacific (southern CA, AZ, southern NV)	<input type="checkbox"/> International If you choose International, please select an additional chapter from the list. This is also included in your membership.

How Did You Hear About PCMA:

<input type="checkbox"/> Personal Referral (name of individual): _____ <i>(This field must be completed for the member who referred you to receive credit for the MGAM contest.)</i>	<input type="checkbox"/> Other (describe) _____
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Payment:

If paying by credit card, please fax this form to (312) 423-7202. If paying by check, please enclose payment with this form. Payment must be received with this form to process.

Credit Card: American Express MasterCard Visa Check Enclosed: \$ _____

Cardholder Name: _____

Credit Card Number: _____ Expiration date: _____

Signature: _____ Date: _____

Credit Card Billing Address:

Street Address: _____

City: _____ State/Prov/Region: _____ Zip/Postal Code: _____ Country: _____

PCMA membership is available to individuals only. Transfers will not be allowed with less than 90 days left on the membership. A \$50.00 non-refundable administrative fee will be charged to the new member. No organizational memberships are offered. Membership dues are non-refundable and are billed on your anniversary join date. All membership dues must be paid in U.S. dollars. PCMA dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense (check with your accountant for more information). One subscription to **Convene**® is included in the cost of membership.

PCMA reserves the right to review your membership category. If we have a question, we will contact you for clarification.

Thank you for your membership in PCMA

If you have any questions, please call PCMA Member Relations at (877) 827-7262.

Please mail completed application to: PCMA Membership, 35 E. Wacker Drive, Suite 500, Chicago, IL 60601.

REVISED: 03/2011