



AMPS MEMBERSHIP APPLICATION
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2017-2018 MEMBERSHIP APPLICATION

MEMBERSHIP TERM: SEPTEMBER 1, 2017 – AUGUST 31, 2018

Membership Term

The membership term, and fiscal year, runs from September 1 to August 31. In order to receive membership benefits, your annual membership dues must be paid in full. In order to serve in a leadership capacity, your annual membership dues must be paid in full. Membership benefits expire on August 31 of each year. Membership dues are non-refundable.

Returning Members

Returning members must complete the membership application and return it with payment to the AMPS office to qualify for membership. Membership dues will not be pro-rated for returning members. Membership benefits expire on August 31 of each year. You will receive an electronic confirmation once your membership application and payment have been approved and processed.

New Members

New members are eligible to receive a one-time, pro-rated membership dues rate during the first year of membership. New member dues will be pro-rated on a quarterly basis. Anyone who has not been a member since August 31, 2008 is eligible to receive this offer. New member applicants are not approved for membership until this criterion has been verified. Membership benefits expire on August 31 of each year. You will receive an electronic confirmation once your membership application and payment have been approved and processed.

General Information

Members are responsible for notifying the AMPS office of any change in employment or contact information. Membership dues are non-refundable.

AMPS Membership Benefits

- Networking opportunities
- Free monthly educational programs
- Educational brown bag lunches
- Educational credits recognized by the Convention Industry Council
- Field training opportunities with local sales and service providers
- Special events, including the Holiday Party, Annual Golf Tournament, and the Summer Event
- Exhibit and sponsorship opportunities
- Annual membership directory
- Professional certification reimbursement program
- Social outings

AMPS Membership Categories

- **Planner:** Individuals employed or residing in the Metropolitan Washington, D.C. area who are engaged in the management and planning of meetings for trade, professional, technical, educational, philanthropic or similar type voluntary membership organizations, or as a corporate meeting planner.
- **Student:** Student must submit a transcript to the AMPS office for verification purposes. Applications for membership will not be processed until a printed copy of the transcript has been submitted. Student must be currently enrolled in a hospitality course/class in the Metropolitan Washington, D.C. area and have earned a total of at least 9 cumulative hours. Student membership includes the same benefits as Allied and Associate members, however, student members are not allowed to vote. Student is allowed to participate as a committee member, but is not allowed to serve as a committee chair or co-chair, or on the Board of Directors.
- **Allied:** Company or facility located in the Metropolitan Washington, D.C. area, as well as national representation firms or companies in the Washington, D.C. metropolitan area that provides services to the meeting profession. Allied members shall designate one individual to serve as the delegate for the company. A second Allied Member of the same organization may join AMPS by joining in conjunction with a new Planner Member and provided that the 50/50 membership ratio of planners to suppliers remains intact.
- **Associate:** Company or facility located outside the Washington, D.C. metropolitan area that provides services to the meeting profession. Associate members shall designate one individual to serve as the delegate for the company. A second Associate Member of the same organization may join AMPS by joining in conjunction with a new Planner Member and provided that the 50/50 membership ratio of planners to suppliers remains intact.

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CONTACT INFORMATION

First and Last Name:	
Title:	
Professional Designation:	
Company:	
Street Address:	
City, State, and Zip:	
Phone and Fax:	
Email:	

MEMBERSHIP CATEGORY

Please select one category.

Categories	Annual Membership Dues
<input type="checkbox"/> Planner	<input type="checkbox"/> \$175.00
<input type="checkbox"/> Allied	<input type="checkbox"/> \$350.00
<input type="checkbox"/> Associate	<input type="checkbox"/> \$350.00
<input type="checkbox"/> Student	<input type="checkbox"/> \$25.00

PAYMENT AND POLICY INFORMATION

Payment must be included with application. Membership dues are non-refundable.

Check (payable to AMPS)

Authorized Signature:	Date:
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- How did you hear about AMPS? _____
- Would you like to mentor an AMPS member? Yes / No
- Would you like to have a mentor assigned to you? Yes / No
- I would like to participate on the following committees:

<input type="checkbox"/> Education	<input type="checkbox"/> Member Relations	<input type="checkbox"/> Social Engagement
<input type="checkbox"/> Social Media	<input type="checkbox"/> Special Events	