## **Membership Application**



Dues/One-year membership. IFMA membership is individually based, and is nontransferable or refundable. Return completed form with payment to: International Facility Management Association, P.O. Box 203648, Dallas, TX 75320-3648, USA; or fax to +1-281-974-5650. Questions? Email membership@ifma.org

| First Name:  | Last Name:                        |                         |
|--|-----------------------------------|-------------------------|
| Designation:   | Position/Title:                   |                         |
| Company/Organization: (If full-time student, list college or | university name and number of co  | ourse hours enrolled)   |
| Email: Mobile/Phone Nur                                      |                                   |                         |
| Address:   | City <u>:</u>                     |                         |
| State/Province:  | Date of Birth:                    |                         |
| Zip/Mail Code:   | Country:                          |                         |
| Business Phone:  |                                   |                         |
| BASE MEMBERSHIP ——————                                       |                                   |                         |
| ☐ Professional: US\$219 ☐ Associate (Sales/Mkt): US\$219     |                                   |                         |
| Chapter Membership Name of Chapter:                          |                                   |                         |
| ☐ Professional \$ ☐ Associate (Sales/Mkt) \$                 | ☐ Young Professional \$           | Retired \$ Student \$   |
| Additional Membership Options                                |                                   |                         |
| ☐ Council Membership(US\$55   US\$10 retired):               |                                   | \$                      |
| Community of Practice Membership (US\$55 (WE US\$99)):       |                                   | \$                      |
| ☐ Mailed copy of FMJ magazine (US\$48)                       |                                   |                         |
| Calculate Membership Total: Base Dues + Chapter Mem          | bership + Additional Membership ( | Options = Total Dues \$ |
| PAYMENT INFORMATION ————————————————————————————————————     |                                   |                         |
| Dues payable in US funds. IFMA EIN: 38-240269                |                                   |                         |
| ☐ American Express ☐ Discover ☐ MasterCard ☐ Vis             | sa .                              |                         |
| Card Number:   | Exp. (MM/YY):                     | CVV:                    |
| Card Authorized Name:  |                                   |                         |
| Card Billing Street Address:                                 |                                   |                         |
| Card Billing City, State/Province:                           |                                   | Zip/Mail Code:          |
| Authorized Signature:  |                                   |                         |
| Enclosed is check #: In the                                  | amount of US\$:                   |                         |

By completing this membership application you agree to adhere to the IFMA bylaws and code of ethics. For a complete copy of bylaws and code of ethics, visit ifma.org. Membership fees to IFMA are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as an ordinary business expense. IFMA estimates that 1% of your dues are not deductible because of lobbying activities on behalf of its members.