

Membership Application



IFMATM

International Facility Management Association

Empowering Facility Professionals Worldwide

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 lfma@ifma.org

First Name: _____ Last Name: _____

Designation(s): _____ Position/Title: _____

Company/Organization: (If full-time student, list college or university name and number of class hours taken.)

E-Mail: _____ Mobile/Home Phone: _____

Address: _____ City: _____

State/Province: _____ Date of Birth: _____

Zip/Mail Code: _____ Country: _____

Business Phone: _____ Business Fax: _____

Base Membership:

Professional: **US\$209**

Associate (Sales/Marketing): **US\$209**

Retired: **US\$100**

Young Professional (Under 35): **US\$129**

Student: **US\$10**

Add Base Membership Fee: _____

Chapter Membership: (*Required if there is a chapter for your geographic location.)

Chapter pricing is available at www.ifma.org/membership/dues-structure.

Add Chapter Name or Code: **NM1 (New Mexico)** Fee: **\$92**

*Additional Membership Options:

Council Membership US\$55 each (US\$10 each for Retired members only) _____ Fee: _____

Community of Practice Membership US\$25 each _____ Fee: _____ Mail

Delivery of FMJ Magazine US\$42 _____ Fee: _____

Foundation Contribution US\$25 or _____ (other amount).

The IFMA Foundation is a 501 (c)(3) corporation. Donations to the foundation are tax deductible.

*Details for each membership type, chapter, council, community of practice and institute are available online at www.ifma.org/membership

Calculate Total Membership Dues Payment: _____ U.S. funds.

Payment Information:

Dues payable in both U.S. and international funds. IFMA EIN = 38-2402699

American Express Discover MasterCard Visa

Card Number: _____

Exp. Date (M/Y): _____ Authentication Number (3-4 digit # on front of back of card): _____

Card Authorized Name: _____

Card Billing Street Address: _____

Card Billing City, State: _____ Card Billing 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 bylaws and code of ethics, visit www.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 3% of your dues are not deductible because of lobbying activities on behalf of its members.