

# Membership Application



**IFMA**<sup>TM</sup>

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](mailto:lfma@ifma.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Designation(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Company/Organization: (\*If full-time student, list college or university name and expected graduation date.) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile/Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Date of Birth (\*\*If Young Professional, required.) \_\_\_\_\_

Zip/Mail Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

## Base Membership:

FM Professional: **US\$219**

Associate (Sales/Marketing): **US\$219**

Retired: **US\$100**

\*\*Young Professional (Under 35): **US\$139**

\*Student: **US\$10 (Attach proof of full-time enrollment)**

Add Base Membership Fee: \_\_\_\_\_

## Component Membership (Local Chapter, Council or Community) is required for 1<sup>st</sup> year membership

Chapter Name or Code: \_\_\_\_\_ Fee: \_\_\_\_\_

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

Community Membership US\$55 each \_\_\_\_\_ Fee: \_\_\_\_\_

\*Details for each membership type, chapter, council, community are available online at <http://www.ifma.org/membership/dues-structure>

Mail Delivery of FMJ Magazine US\$48 Fee: \_\_\_\_\_

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

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

**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](http://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.