

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 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:

- 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 1st year membership

Chapter Name or Code: Richmond, VA Fee: \$130
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

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.