

# 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](mailto:membership@ifma.org)

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

Designation: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Full-time students: Enter your university or college name and number of course hours enrolled.

Street Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_ Zip/Mail Code: \_\_\_\_\_

Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile/Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## BASE MEMBERSHIP

View the [Pricing Guide](#) to find your base dues. Those in between jobs, active-duty military and first-year civilians receive a reduced base rate of \$100. Full-time students, retired FMs, military veterans and employees of CSPs are also eligible for discounted rates. Group discounts are also available. Contact [ifma@ifma.org](mailto:ifma@ifma.org) for more information.

Professional  Associate  Young Professional  Retired  Student  Discovery \$ \_\_\_\_\_

## ADDITIONAL FULL MEMBER OPTIONS

First time Full Members must join a chapter, council or community for their first year of membership. Discovery members are not eligible for additional membership options. View the [Component Pricing Guide](#) to find your chapter and component dues.

Chapter Membership (Prices vary based on location): \_\_\_\_\_ \$ \_\_\_\_\_

Council Membership (US\$55 | US\$10 retired): \_\_\_\_\_ \$ \_\_\_\_\_

Community Membership (WE US\$99, All others US\$55): \_\_\_\_\_ \$ \_\_\_\_\_

Mailed copy of FMJ magazine (US\$48) \$ \_\_\_\_\_

## MEMBERSHIP TOTAL

**Membership Total: Base Dues + Additional Options = Total Dues** US\$ \_\_\_\_\_

## PAYMENT INFORMATION

Dues payable in US funds. IFMA EIN: 38-240269

American Express  Discover  MasterCard  Visa

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](http://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.