

# 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 [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 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](http://www.ifma.org/membership/dues-structure).**

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

\*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](http://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](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.