



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\$179**     Associate (Sales/Marketing): **US\$179**     Retired: **US\$100**  
 Young Professional (Under 30): **US\$99**     Student: **US\$10**

Add Base Membership Fee: \_\_\_\_\_  
 Chapter Membership: (\*Required if there is a chapter for your geographic location.)

**CA8 Silicon Valley**  
 \_\_\_ Professional: **US\$171.00**    \_\_\_ Associate (Sales/Marketing): **US\$246.00**    \_\_\_ Retired: **US\$92.00**  
 \_\_\_ Young Professional (Under 35): **US\$0**    \_\_\_ Student: **US\$10**

\*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 1% of your dues are not deductible because of lobbying activities on behalf of its members.