

PROFESSIONAL

Membership Application or Renewal



IFMATM
International Facility Management Association

Dues are for one year membership. An IFMA membership belongs to the individual member and is nontransferable or refundable. Return completed form with payment to: International Facility Management Association, PO Box 203648, Dallas, TX 75320-3648. Or fax to 281-974-5650. Or email to ifma@ifma.org. If questions contact us at the Kansas City Chapter at info@ifmaKC.org.

Member Contact Information:

If renewing, IFMA Member #: _____

First Name: _____ Last Name: _____

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

Designation(s): _____ Position/Title: _____

E-Mail: _____ Date of Birth (If **Young Professional, required.) _____

Address: _____ City: _____

State: _____ Zip Code: _____ Business Phone: _____

Referred by: _____ Mobile/Home Phone: _____

Membership (Base Membership + Chapter Membership):

See 'www.ifmaKC.org/Join_IFMA' for more member type info

- Professional** (Practicing Facility Manager): \$239 Base + \$200 KC Chapter = **\$439**
- Associate** (Sales/Marketing): \$239 Base + \$265 KC Chapter = **\$695**
- Young Professional** (Under 35): \$149 Base + \$150 KC Chapter = **\$299**
- Student** (attach proof of full time enrollment): \$10 Base + \$0 Chapter = **\$10** (\$10 refunded at first meeting = free)
- Retired**: \$100 Base + \$150 Chapter = **\$250**

Kansas City Chapter (MO2)

Membership Dues Payment: _____ **\$439**

Optional Membership Add-ons:

Council Membership: See 'www.ifma.org/membership/networks/industry-councils' Fee: \$ _____

Community Membership: See 'www.ifma.org/membership/networks/communities' Fee: \$ _____

Foundation Contribution: See '<https://foundation.ifma.org>' Fee: \$ _____

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

Total Membership Dues Payment if Adding Additional Options (add to total above): _____ **\$**

Payment Information:

IFMA EIN = 38-2402699

Enclosed is check # _____ in the amount of \$ _____

or

American Express Discover MasterCard Visa

Card Number: _____

Exp. Date (MM/YY): _____ 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: _____

Authorized Signature: _____

By completing this application you agree to adhere to IFMA bylaws and code of ethics. For a complete copy visit www.ifma.org & search code of ethics and/or bylaws or www.ifmaKC.org/Join_IFMA. IFMA membership fees are not deductible as a charitable contribution for federal income purposes, but may be partially deductible as an ordinary business expense. IFMA estimates that 3% of dues are not deductible because of lobbying activities on behalf of its members.