

RETIRED

Membership Application or Renewal



IFMA™

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 + \$0 Chapter = **\$100**

Kansas City Chapter (MO2)

Membership Dues Payment: _____ **\$100**

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.