



**NEW**

# 2024 Professional Group Membership Application

Thank you for choosing the ifmaKC PROFESSIONAL Group Membership

Because we appreciate your dedication and involvement to our Chapter, the Professional Group Membership Appreciation includes: *(cross out any you wish not to receive)*

- Discounted memberships for multiple professional member paid for by the Chapter. (Complete page 2, send completed application and high res logo to ifmaKC.org or Membership@ifmaKC.org)
- Reimbursement for FM education (World Workplace, Facility Fusion, CFM or other credential prep class, or other Board approved FM)
- Your company's logo with a link to your company's webpage posted on the ifmaKC sidebar (logo size dependent upon group level)
- Your company's logo with a link to your company's webpage posted on ifmaKC's sponsorship webpage
- Program Meeting Entry PPT recognition for your company's group level
- **Note: all Professional Group Memberships REQUIRES involvement by at least 50% of group members on an ifmaKC Committee or Board position**

Please mark the box with an 'X' to indicate your choice of Professional Group Membership. 5 or more member groups are available upon request.

**Your  
Company  
Saves**

Group Level	Group Rate		Your Company Saves
Professional Gold (4 Members)	<input type="checkbox"/> \$1,160	4 Professional memberships for \$290 ea (regularly = \$439 ea) is a \$596 savings. PLUS your company receives \$1000.00 education reimbursement	<b>\$1,157</b>
Professional Silver (3 Members)	<input type="checkbox"/> \$1,017	3 Professional memberships for \$339 ea (regularly = \$439 ea) is a \$300 savings. PLUS your company receives \$750.00 education reimbursement	<b>\$1,050</b>
Professional Bronze (2 Members)	<input type="checkbox"/> \$778	2 Professional memberships for \$389 ea (regularly = \$439 ea) is a \$100 savings. PLUS your company receives \$500.00 education reimbursement	<b>\$600</b>

**Group Member Company and Contact Information:**

Today's Date:	Company Name:
Group Member Contact Name:	Company's Address:
Contact Phone #:	Company's Contact Email:

**Preferred Means of Payment:**

IFMA TAX ID Number: 43-1450378

Mail check and completed application form (including page 2) to : ifmaKC . 1801 McGee St #100 . Kansas City, MO 64108

Email completed application form to info@ifmaKC.org and we'll email you an invoice to pay for your Group Membership online.

# Page 2 - Professional Group Membership Application



Gold Group Membership - 4 Professional Members  
Silver Group Membership - 3 Professional Members  
Bronze Group Membership - 2 Professional Members

## Member #1 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: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth - Optional (If Young Professional, required) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Mobile (or alt) Phone: \_\_\_\_\_

**REQUIRED Committee or Board Involvement:** *Select Committee or Board in which this member is involved.*  
(If Group Membership is 2 members, at least 1 must be involved. If Group is 3 members, at least 2 must be involved. If Group is 4 members, at least 2 must be involved. )

## Member #2 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: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth - Optional (If Young Professional, required) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Mobile (or alt) Phone: \_\_\_\_\_

**REQUIRED Committee or Board Involvement:** *Select Committee or Board in which this member is involved.*  
(If Group Membership is 2 members, at least 1 must be involved. If Group is 3 members, at least 2 must be involved. If Group is 4 members, at least 2 must be involved. )

## Member #3 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: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth - Optional (If Young Professional, required) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Mobile (or alt) Phone: \_\_\_\_\_

**REQUIRED Committee or Board Involvement:** *Select Committee or Board in which this member is involved.*  
(If Group Membership is 2 members, at least 1 must be involved. **If Group is 3 members, at least 2 must be involved.** If Group is 4 members, at least 2 must be involved. )

## Member #4 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: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth - Optional (If Young Professional, required) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Mobile (or alt) Phone: \_\_\_\_\_

**REQUIRED Committee or Board Involvement:** *Select Committee or Board in which this member is involved.*  
(If Group Membership is 2 members, at least 1 must be involved. If Group is 3 members, at least 2 must be involved. **If Group is 4 members, at least 2 must be involved.** )