



Membership Application

San Antonio Chapter of IFMA

Dues and fees applicable through June 30, 2012. Dues/One full-year membership (12 months)

Select your membership category: Professional Associate Young Professional Retired
 Full-time Student Go to www.ifma.org to learn about IFMA's membership classifications & criteria.

Please type or print legibly. Partially completed application forms cannot be processed. The Young Professional or Student classification may require additional documentation to verify status prior to processing. By completing this membership application you agree to adhere to the IFMA bylaws and code of ethics. For a complete copy of the IFMA bylaws and code of ethics, please visit the IFMA Web site at www.ifma.org. EIN = 38-2402699

Mr./Mrs./Ms./Other: _____ First Name (given): _____ Middle Initial: _____

Last Name (surname): _____ Informal Name: _____

Designation(s): _____ Position/Title: _____

Company/Organization (If Full Time Student, list college or university name and number of class hours taken.): _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Business Phone: _____ Home Phone: _____

Business Fax: _____ Mobile Phone: _____

E-mail: _____ Date of Birth: _____

Please provide a password (6 to 8 alpha/numeric characters) to allow access to your www.ifma.org Web site benefits.

Example: *ifma08* _____

What is your company's specific business activity or NAICS code? _____

Privacy: IFMA uses phone, fax and e-mail information to notify members about programs, products and services that may be of benefit to its members. If you prefer not to be notified in this manner, please check the appropriate box(es), and we will not include you in these communications.

- IFMA may not provide my contact information to outside organizations.
- IFMA may not communicate with me via fax.*
- IFMA may not e-mail me regarding association and industry news and member benefits.*
- IFMA may not e-mail me regarding products, services and events. *
- *E-mail addresses and fax numbers are not sold to any third party.*

Check your area of FM:

- Full-time Facility Manager
- Sales, Marketing and/or Business Development
- Consultant (providing FM guidance only)

Please specify: _____

What are your primary responsibilities?

Specialties: _____ **% of time spent:** _____

- _____ Communications (technology, integration, knowledge management)
- _____ Finance (real estate and facilities: analyzing, accounting, forecasting, budgeting, tax, auditing and controlling)
- _____ Human and Environmental Factors (workplace dynamics, teamwork, inter-personal behaviors, ergonomics)
- _____ Human Resources
- _____ Leadership & Management (code compliance, telecommunications, purchasing, security, food services, building services, transportation, furnishings, equipment inventory, maintenance, and outsourcing management)
- _____ Operations & Maintenance (physical plant, preventive maintenance, conservation, energy management)
- _____ Planning and Project Management (strategic, tactically and annual facility planning; new construction and/or renovation projects; interior space planning; workplace specifications, architecture and/or engineering projects)
- _____ Quality Assessment and Innovation (standards, facility audits, total quality management)
- _____ Real Estate (real estate acquisition, financials, negotiations and/or disposal)
- _____ Sales, Marketing and/or Business Development
- _____ Technology (development, implementation & maintenance of Information Technology (IT) systems)



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Membership Options:

A. Select the premium membership package to get the TOTAL IFMA membership experience:

Premium

In addition to the base membership fee of US\$179.00, the **Premium Package** gives you San Antonio chapter membership, one council membership, mail delivery and the opportunity to support the IFMA Foundation. In some instances chapter dues are less than or exceed the standard chapter allocation of US\$92 professional, associate, young professional or retired. The Premium Package fees will change accordingly.

- Professional US\$391 Associate US\$391 Student US \$20
- Young Professional US\$311 Retired US\$311

Council choice: (Complete list of councils in box 3 below)

~OR~ B. Create your own membership:

1. **Base membership: (required)** P/A- US\$179.00 YP- US\$99 R- US\$100 S- US\$10
2. **Chapter membership: (required)** P/A- US\$100.00 YP- US\$100 R – US\$ 100 S- US\$10

3. Choose Your Council or Community of Practice Membership(s) (optional):

Councils:

Select an IFMA council in your area of expertise or interest. Council membership is US\$55 per council.

- Academic Facilities
- Airport Facilities
- Banking Institutions & Credit Unions*
- City and Country Clubs
- Corporate Facilities
- Corporate Real Estate
- Environmental, Health & Safety
- FM Consultants
- Health Care
- Information Technology
- Legal Industry*
- Manufacturing
- Museums/Cultural Institutions
- Public Sector Facilities*
- Research & Development
- Utilities*

*Council membership is dependent upon the applicant meeting certain criteria.

Communities of Practice:

Select an IFMA Community of Practice in your area of expertise or interest. Community of Practice membership is US\$25.00

- Hospital Facility Management & Engineering Community
- Restaurant & Food Service Community
- Religious Facilities Community
- Retail Facilities Community

4. Mail Delivery (optional):

- Select this option for mail delivery of IFMA benefits (FMJ magazine) via postal service US\$42

5. IFMA Foundation Donation (optional):

- US\$15 or _____ (other amount)

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

6. Calculate Your Membership Dues Payment: _____ U.S. funds.

Deduct US\$50 from above total for a dual membership discount if you are a member of AFE or ISSA. Check below and include your AFE or ISSA membership ID#. (Membership will be confirmed with AFE or ISSA prior to discount.)

- AFE member ID# _____ ISSA member ID# _____

7. Method of Payment

Membership dues payable in U.S. funds. International members may pay equivalent dues in domestic funds. IFMA EIN = 38-2402699.

- Check # _____ enclosed for \$ _____ (Please make checks payable to IFMA)

- Charge \$ _____ to my: AMEX Diners Club Discover MasterCard VISA

Credit Card #: _____

Authentication#: _____ Exp. Date: _____
(A 3 – 4 digit number printed on front or back of card.)

Card member name: _____

Billing address: _____

Signature: _____

Return completed form with payment to:

IFMA Headquarters
1 E Greenway Plz, Ste 1100
Houston, Texas 77046-0194
P: 1-713-623-4362
F: 1-281-974-5650
membership@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.