



Membership Application San Diego Chapter of IFMA

For new Professional/FM Practitioner Members of the San Diego Chapter of IFMA ONLY Offer expires April 30, 2010

Dues and fees applicable through Apr. 30, 2010. Dues/One full-year membership (12 months)

Select your membership category: Professional 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. EIN = 38-2402699

IF RENEWING PLEASE JUST PROVIDE YOUR MEMBERSHIP ID# UNLESS YOUR CONTACT INFORMATION HAS CHANGED.

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: _____



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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)

IFMA base membership (required)	\$179.00 U.S.
<small>(Does not include chapter or council memberships)</small>	
1. Local Chapter Membership	\$175.00 U.S. - \$50.00 savings (Includes all monthly meetings, programs)
2. Council membership(s):	\$55.00 U.S.
Council choice _____	
3. Mail delivery option	\$42.00 U.S.
4. IFMA Foundation Contribution	\$15.00 U.S.
Total membership package:	<u>\$466.00 U.S.</u>
Amount of renewal:	_____
<small>(Total membership package amount includes all options above. Please fill in the new renewal amount in the Amount of renewal: space provided.)</small>	

TOTAL MEMBERSHIP DUES ENCLOSED:

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: _____

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.

<p>Return completed form with payment to:</p> <p>IFMA Headquarters Attn: Amy Campbell 1 E Greenway Plz, Ste 1100 Houston, Texas 77046-0194 USA P: 1-713-623-4362 F: 1-281-974-5650</p>
