



Membership Application San Francisco Chapter of IFMA

Dues and fees applicable through June 30, 2007. Dues/One full-year membership (12 months)

Select your membership category: Professional Associate Retired Full-time Student

Please type or print legibly and enclose a business card to go into your permanent IFMA membership record. Partially completed application forms cannot be processed. The IFMA membership application is also available on www.ifma.org

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: *ifma07* _____

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 is your highest level of education?

- High school degree Undergraduate degree
- Some college or university MBA
- Associate degree Other graduate degree

Please Specify: _____

Does your company:

- Manufacture "Green" or "Sustainable" product(s)
 - Provide "Green" or "Sustainable" service(s)
- If yes, please provide product or service type:

(Examples: landscape, environmental quality, cleaning, interior & architecture design, energy solutions, education, non-profit, commissioning.)

Return completed form with payment to:

IFMA-Headquarters 1 E Greenway Plz, Ste 1100 Houston, Texas 77046-0194 USA P: 1-713-623-4362 F: 1-281-974-5650	IFMA-European Bureau 287 Avenue Louise 2 nd Fl BE-1050 Brussels, Belgium P: 32 2 645 2672 F: 32 2 645 2671
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Total number of employees in your organization: _____

Number of years in facility management: _____

