



Membership Application 2017-18

Upstate New York Chapter of IFMA

Dues and fees applicable through June 30, 2018. 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
- Some college or university
- Associate degree
- Undergraduate degree
- MBA
- 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 800 Gessner Rd., Suite 900 Houston, Texas 77024-4257 USA P: 1-713-623-4362 F: 1-713-623-6124	IFMA-European Bureau 287 Avenue Louise 2 nd Fl BE-1050 Brussels, Belgium P: 32 2 645 2672 F: 32 2 645 2671
---	--

Total number of employees in your organization: _____

Number of years in facility management: _____



Membership Application 2017-18

Upstate New York Chapter of IFMA

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 (purchasing, security, building services, outsourcing management)
- _____ Operations & Maintenance (physical plant, preventive maintenance, conservation, energy management)
- _____ Planning and Project Management (construction, space planning; 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
- 44 _____ Technology (development, implementation & maintenance of Information Technology (IT) systems) 55

1. Select Your Membership Package (Premium or Basic):

Premium

The Premium Package gives you Western NY Chapter membership, one council membership, mail delivery and the opportunity to support the IFMA Foundation.

Professional \$504 (U.S.) Associate-\$449 (US)

Basic

The Basic Package gives you Western NY Chapter membership- includes meals and 8 events a year .

Professional \$401 (U.S.) Associate -\$55 (U.S.)

Retired \$192 (U.S.) Student \$55 (U.S.)

2. Choose Your Council Membership(s): (optional):

Select an IFMA council in your area of expertise or interest. Some Council memberships are dependent upon the applicant meeting certain criteria (italicized in list below). Council membership is \$50 (U.S.) per council. (Price of council membership included in Premium Package.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic Facilities | <input type="checkbox"/> Environmental, Health & Safety | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> FM Consultants | <input type="checkbox"/> Museums/Cultural Institutions |
| <input type="checkbox"/> Banking Institutions & Credit Unions* | <input type="checkbox"/> <i>Health Care</i> | <input type="checkbox"/> Public Sector Facilities* |
| <input type="checkbox"/> Corporate Headquarters | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Corporate Real Estate | <input type="checkbox"/> Legal Industry* | <input type="checkbox"/> Utilities* |
| <input type="checkbox"/> Other | *Council membership is dependent upon the applicant meeting certain criteria. | |

3. Mail Delivery (optional):

Select this option for mail delivery of IFMA benefits (FMJ magazine & IFMA News newsletter) via postal service. \$42 (U.S.) (Price included in Premium Package)

4. IFMA Foundation Donation (optional):

\$15 (U.S.) (donation included in Premium Package)

\$15 (U.S.) or _____ (other amount)

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

5. Calculate Your Membership Dues Payment: _____ (U.S.) funds.

Deduct \$50 (U.S.) 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# _____

6. 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: _____ Card member name: _____
(A 3- 4-digit number printed on front or back of card.)

Billing address: _____

Signature: _____