



Membership Application Cincinnati Chapter of IFMA

Dues and fees applicable through June 30, 2009.
Dues/One full-year membership (12 months)

Select your membership category: Professional Associate Young Professional 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 Young Professional or Student classification may require additional documentation to verify status prior to processing. 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: *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 is your highest level of education?

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

Please Specify: _____

How did you hear about IFMA?

- Colleague or IFMA Member/Who? IFMA Chapter
- Advertisement or Direct Mail
- IFMA Council
- Conference or Tradeshow
- Other Organization
- Trade Journal
- School/College
- Internet
- Other

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.)

Total number of employees in your organization: _____



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Number of years in facility management: _____

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)

1. Select Your Membership Package (Premium or Basic); each includes the base membership fee of \$179.00 USD:

<p><input type="checkbox"/> Premium In addition to the base membership fee of \$179.00 (U.S.), the Premium Package gives you Cincinnati chapter membership, one council membership, mail delivery and the opportunity to support the IFMA Foundation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Professional \$411(U.S.) <input type="checkbox"/> Associate \$411 (U.S.) <input type="checkbox"/> Young Professional \$303 (U.S.) <input type="checkbox"/> Retired \$332 (U.S.) 	<p><input type="checkbox"/> Basic In addition to the base membership fee of \$179.00 (U.S.), the Basic Package gives you Cincinnati chapter membership.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Professional \$299 (U.S.) <input type="checkbox"/> Associate \$299 (U.S.) <input type="checkbox"/> Young Professional \$191 (U.S.) <input type="checkbox"/> Retired \$220 (U.S.) <input type="checkbox"/> Student \$35 (U.S.)
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2. Choose Your Council or Community of Practice Membership(s) (optional):

Councils:

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 \$55 (U.S.) per council. (Price of one 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"/> Health Care | <input type="checkbox"/> Public Sector Facilities* |
| <input type="checkbox"/> Corporate Facilities | <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. | |

Communities of Practice:

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

- Hospital Facility Management & Engineering Community
- Restaurant & Food Service Community



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<p>3. Mail Delivery (optional): <input type="checkbox"/> Select this option for mail delivery of IFMA benefits (FMJ magazine) via postal service. \$42 (U.S.) (Price included in Premium Package)</p>	<p>4. IFMA Foundation Donation (optional): \$15 (U.S.) (donation included in Premium Package) <input type="checkbox"/> \$15 (U.S.) or _____ (other amount) The IFMA Foundation is a 501 (c)(3) corporation. Donations to the foundation are tax deductible.</p>
<p>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.) <input type="checkbox"/> AFE member ID# _____ <input type="checkbox"/> ISSA member ID# _____</p>	

TOTAL MEMBERSHIP DUES ENCLOSED:

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: _____

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.

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