



MEMBERSHIP APPLICATION

Joining NPFMA



MEMBERSHIP

Company / Property Name			
Company Mailing Address			
Last Name		First Name	
Title		Department	Bus Phone ()
City	State	Zip	Fax Number ()
EMail Address / Web Site			Cell Number ()
Corporate membership entitles 4 quality members			
Last Name		First Name	
Last Name		First Name	
Last Name		First Name	
<p>FULL MEMBER (Check One)</p> <p><input type="checkbox"/> INDIVIDUAL \$125</p> <p>Individuals involved with supervision or management of engineering, operations, or education at a property or facility. Full Membership carries full voting rights and eligibility to serve as an officer.</p> <p><input type="checkbox"/> PROPERTY \$375</p> <p>A Full Property membership is limited to the same positions described under Individual Full Membership, however the principle Individual Full Member at a property may designate up to three additional members of his immediate staff for membership. Each of the individuals so named receive the rights described for a Full Membership above.</p>			
<p><input type="checkbox"/> ASSOCIATE MEMBER \$75</p> <p>Individual involved in or retired from the engineering, management, operations or administration of facilities, education concerning such areas, or students studying such areas, which otherwise does not meet the requirements for full membership.</p>			
<p>AFFILIATE MEMBER (Check One)</p> <p><input type="checkbox"/> INDIVIDUAL \$250</p> <p>An individual or organization not meeting the qualifications of any individual member classification who is primarily a vendor serving facilities management, or otherwise supports promotes or adheres to the purposes and objectives of the corporation. The Board of Directors shall determine the individuals and organizations that may qualify for affiliate membership, and the terms and conditions of affiliate participation.</p> <p><input type="checkbox"/> COMPANY \$750</p>			
Total Amount Enclosed			
\$ _____			
Print name(s) as it should appear on certificate		First / Last Suffix:	
For Office Use:		Applicant's Signature:	
Member # _____	Date: _____		
Mail To: Nevada Professional Facility Managers Association Post Office Box 97993 Las Vegas, NV 89193-7993		For additional information call Alternative Management at: (702) 798-5156 Fax your application to: (702) 798-8653 mail questions: questions@npfma.us www.npfma.us	