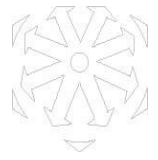




MEMBERSHIP APPLICATION

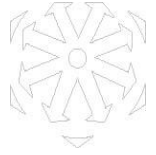
Joining NPFMA



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	Title	Email
Last Name	First Name	Title	Email
Last Name	First Name	Title	Email
<p>FULL MEMBER (Check One)</p> <p><input type="checkbox"/> INDIVIDUAL \$125 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 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. Each additional FM from member property after the 4th is an additional \$75</p> <p><input type="checkbox"/> EACH ADDITIONAL FM \$75</p>			
<p><input type="checkbox"/> ASSOCIATE MEMBER \$75 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 An individual or organization not meeting the qualifications of any individual member classification that 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		*Referred by:	
\$ _____		Name: _____	
Print name(s) as it should appear on certificate		*First / Last Suffix:	
For Office Use: Member # _____ Date: _____		*Applicant's Signature:	
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: Valerie@amnevada.com www.npfma.com	



Additional Member Listings



*This membership tier is currently available only to Facility Managers at Properties in Nevada. Each additional Facility Manager after the 4th is \$75

#5 Last Name		First Name		
Title		Department		Bus Phone ()
City	State	Zip	Fax Number ()	
Email Address / Web Site				Cell Number ()
#6 Last Name		First Name		
Title		Department		Bus Phone ()
City	State	Zip	Fax Number ()	
Email Address / Web Site				Cell Number ()
#7 Last Name		First Name		
Title		Department		Bus Phone ()
City	State	Zip	Fax Number ()	
Email Address / Web Site				Cell Number ()
#8 Last Name		First Name		
Title		Department		Bus Phone ()
City	State	Zip	Fax Number ()	
Email Address / Web Site				Cell Number ()

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 Fax your application to: (702) 798-8653
 email questions: Valerie@amnevada.com
www.npfma.com