



EDUCATIONAL FACILITY MANAGERS ASSOCIATION OF BC

2019 ASSOCIATE MEMBERSHIP FORM

First Name: _____ Surname: _____

Position/Title: _____

Company: _____

Phone #: _____ Fax#: _____

E-Mail: _____

Mailing Address: _____

ASSOCIATE MEMBERSHIP FEE:

\$60.00

Note: Membership runs January 1, 2019 through December 31, 2019.

Signature: _____

Cheques, MasterCard or Visa are accepted, also able to pay via web site at www.efmabc.com

Name: _____

Credit Card #: _____ / _____ / _____ / _____

Expire Date: ____ / ____

PLEASE RETURN TO: PO Box 19032
1153 – 56th Street
Delta, BC V4L 2P8
society@telus.net