



EDUCATIONAL FACILITY MANAGERS ASSOCIATION OF BC

2024 ASSOCIATE MEMBERSHIP FORM

First Name: _____ Surname: _____

Position/Title: _____

Company: _____

Phone #: _____ Cell: _____

E-Mail: _____

Mailing Address: _____

ASSOCIATE MEMBERSHIP FEE:

\$ 100.00

Note: Membership runs January 1, 2024 through December 31, 2024.

Signature: _____

Cheques, MasterCard or Visa are accepted, also able to pay via web site at:

<https://efmabc.com/join-us/>

Name: _____

Credit Card #: _____ / _____ / _____ / _____

Expire Date: ____ / ____ Code ____

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