



EDUCATIONAL FACILITY MANAGERS ASSOCIATION OF BC

2024 MEMBERSHIP FORM

First Name: _____ Surname: _____

Designation(s): _____

Position/Title: _____

School District: _____

Phone #: _____ Cell #: _____

E-Mail: _____

Work Address: _____

Partner (Spouse) Name _____

MEMBERSHIP FEE: \$ 150.00 (*add \$1.00 for new members*)

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

Signature: _____

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

<http://www.efmabc.com/join-us>

Name: _____

Credit Card #: _____ / _____ / _____ / _____

Expire Date: ____ / ____ Code: _____

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