

FMP Registration Form

I hereby request with the submission of this completed form and non-refundable fee that I begin the process to become a Facility Management Professional (FMP).



Mr. Ms. Mrs.

First Name	Middle or Maiden Name	Last Name	Designation		
Company		Title	IFMA Member I.D. (if applicable)		
Business Mailing Address		City	State	Zip	Country
Direct Business Telephone		Mobile or Cell Number		Direct Business Fax	
Home Address		City	State	Zip	Country
Home Telephone		Business E-Mail Address			

IFMA can notify you about programs, products and services that may be of benefit to you. (*E-mail addresses and fax numbers are not sold to any third party)

IFMA may provide my contact information to outside organizations IFMA may communicate with me via fax* via e-mail*

The name of my local IFMA Chapter: _____

I am a member of these councils: _____

I have attached to this form (*check all that apply*):

- A current resume or summary of my professional experience
- To complete my file, I will request that official copies of all transcripts be sent by universities and/or colleges directly to the IFMA Professional Development Department, if any of the courses within my transcript count towards my designation I understand that they will be subject to final review and a fee of \$25 each. (*waived for IFMA Recognized Programs*).

Member: \$149 U.S. Non-member: \$249 U.S.

A check, made payable to IFMA, is attached.

Charge to: VISA MasterCard American Express Diners Club Discover Card

Card Number	Authentication #	Expiration Date
Cardholder's Name	Cardholder's Signature	
Credit Card Billing Address		

By submitting this application for registration, I fully understand that it is for registration purposes only. I understand that should I fail to complete this process by not taking all of the required coursework within three years of this application, I will need to reapply. The registration fee is not divisible; no part will be refunded should I not complete the process. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to Facility Management Professional Code of Conduct with the knowledge that any false statement or misrepresentation that I make in the course of these proceedings, may result in the revocation of this registration and prohibit me from participating in the professional certification program.

Signature _____

Date _____

Return completed form to Certification Department at 1 E Greenway Plz, Ste 1100, Houston, Texas 77046-0194, USA or Fax to 713-623-6124.

Facility Management Professional (FMP)

Code of Conduct



I shall have as my primary goal developing and managing safe, human, and functional work spaces.

I shall integrate the needs of management with the needs of people in the workplace to develop and manage humane and effective work environments.

I shall have as an achievable goal maintaining objective, professional judgments. I shall not compromise this judgment by undertaking any activity, accepting any contribution or having any conflict of interest that would prevent acting in the best interest of my employer, clients, or those people for whom I provide or maintain workplaces.

I shall practice in a manner that supports the rights of employers, employees and clients, and shall not discriminate because of race, sex, creed, age or national origin.

I shall continually seek new information to maintain and upgrade my professional skills relative to the design, construction, maintenance and management of the physical environment as it relates to people and work processes.

Rules and regulations to read and sign before returning

All information provided by me in this application is complete and accurate to the best of my knowledge.

Any additional information that may be needed by IFMA to process this application will be supplied by me upon request.

I will not claim to be a Facility Management Professional until such time as this designation is awarded to me. Further, I will not use the designation after it expires unless I have followed the required steps to maintain it and have been approved by IFMA Headquarters as meeting the maintenance standards.

I hereby apply to become a candidate for certification as a facility management professional (FMP) by the International Facility Management Association. As a condition of this application, I authorize IFMA to investigate statements made within this application. I understand that I must complete all coursework and pass all assessments before achieving this designation. I have met all of the requirements for this designation as outlined in the IFMA Facility Management Professional Brochure. By my signature, I agree to uphold the Facility Management Professional Code of Conduct with the knowledge that any false statement or misrepresentation that I make in the course of these proceedings may result in the revocation of this application, forfeiture of the application fee and prohibit me from participating in the Professional Certification Program.

Signature of Applicant

Date of Application