



The Industry Voice for Workplace Solutions

INTERNATIONAL MEMBERSHIP

Dear Prospective Member:

We appreciate your interest in the BIFMA organization. Please contact us if you need further information or have questions that are not answered either with this or other communications that you have received.

Following this page is the application form for international membership in BIFMA. Please complete the entire form and submit with your check to:

BIFMA International
678 Front Avenue NW, Suite 150
Grand Rapids, MI 49504-5368

Application forms can also be faxed or scanned and emailed. Payment can also be made by credit card (Mastercard, VISA, American Express) or by electronic transfer. To make arrangements, please contact the BIFMA office at:

Phone - 616-285-3963, or
Fax - 616-285-3765, or
Email - email@bifma.org

If your company system requires an invoice document to initiate payment, also please contact our office.

Thank you.



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INTERNATIONAL MEMBERSHIP APPLICATION

The undersigned firm agrees to become an International member of the Business and Institutional Furniture Manufacturer's Association (BIFMA) and to pay one full year's dues. Dues cover a twelve (12) month period, commencing with the acceptance date of this application by BIFMA. International Membership dues are \$2,470 (US). Membership services begin upon receipt of payment.

Date: _____ Firm Name: _____

We are engaged in the manufacture of or international commerce in, business or institutional furniture. The following describes our general product lines or type of business.

Our manufacturing facilities are located at:

Street Address and/or PO Box _____ () Telephone Number _____

City, State, Country, Province or Territory _____ () Facsimile Number _____

Country, Mail Code _____ Internet Address _____

Please list other manufacturing locations: _____

Please list the countries in which you have marketing or distribution activities:

Please list any joint ventures or licensing agreements you have with other companies:

Submitted By: _____ Signature _____ Title _____

Firm's BIFMA Representative:

Name _____ Title _____

Mailing Address (if different from above) _____ () Telephone Number _____

Email: _____

City, State, Zip Code _____ () Facsimile Number _____

FOR BIFMA USE ONLY

Membership Effective Date: _____

Accepted by:

Signature Date

Billing Procedure

- Annual membership dues cover BIFMA’s fiscal year, from June 1 through May 31 of the following year.
- A company can join the association at any time during the association’s fiscal year. All new members pay for a full year of dues on the date they join, followed by an interim billing on their 1-year anniversary date based on the months left to the next fiscal year schedule beginning on June 1. Thereafter, membership renewal billings cover the regular fiscal year.
- Membership dues may be tax deductible as an ordinary and necessary business expense. BIFMA International estimates that 10% of your dues are not deductible as a business expense because of lobbying activity.