



## 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 payment to:

BIFMA  
678 Front Ave., 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](mailto:email@bifma.org)

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

Thank you.





## 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 based on the BIFMA Dues Schedule dated June 1, 2015. Dues cover a twelve (12) month period, commencing with the acceptance date of the application by BIFMA. International Membership dues are \$2,550 (U.S.). Membership services begin upon receipt of payment. **BIFMA membership and conformance with BIFMA testing standards are separate and independent issues. Membership does not require nor imply that the member’s products have been tested to, or conform with, BIFMA standards.**

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

\_\_\_\_\_ We are manufacturers of the following type of business and/or institutional furniture (general product line description)

\_\_\_\_\_ Corporate Office address - Street and/or PO Box

\_\_\_\_\_ City, State, Country Mail Code

\_\_\_\_\_ Website

\_\_\_\_\_ Telephone Number

Submitted By: \_\_\_\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

**Firm’s BIFMA Representative:**

\_\_\_\_\_ Name

\_\_\_\_\_ Title

\_\_\_\_\_ Mailing Address (if different from above)

\_\_\_\_\_ City, State, Zip Code

\_\_\_\_\_ Email

\_\_\_\_\_ Telephone Number

**Alternate BIFMA Representative:**

\_\_\_\_\_ Name

\_\_\_\_\_ Email

**FOR BIFMA USE ONLY**

Membership Effective Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature





## 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 estimates that 10% of your dues are not deductible as a business expense because of lobbying activity.

