



ENERGY MANAGEMENT
ASSOCIATION

BUILDING OWNERS & FACILITY MANAGERS MEMBER APPLICATION

APPLICANT INFORMATION

Institution Name _____

Institution Address _____

Phone _____ Fax _____ Website _____

Type of Institution (i.e., commercial office, university, hospital, government, etc.): _____

Primary Contact: _____

(Representative #1) *Name* *Title* *Email*

Current licenses, registrations and/or certifications _____

ADDITIONAL REPRESENTATIVES: \$20 EACH/YEAR

Representative #2: _____

Name *Title* *Email*

Current licenses, registrations and/or certifications _____

Representative #3: _____

Name *Title* *Email*

Current licenses, registrations and/or certifications _____

<p>Annual dues for EMA Building Owners & Facility Managers Membership = \$25 USD</p> <p><input type="checkbox"/> Check Enclosed (payable to EMA) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Card Number _____ Exp. Date _____ / _____</p> <p>Name of Cardholder _____</p> <p>Signature of Cardholder _____</p>
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Please fax or email your completed application to:

ENERGY MANAGEMENT ASSOCIATION
1518 K Street NW, Suite 503, Washington, DC 20005
Phone: 202-737-1334 Fax: 202-638-4833
Email: info@energymanagementassociation.org