

TNAPPA MEMBERSHIP APPLICATION



Membership runs from July through June of the current year.

TNAPPA membership is open to all educational facilities professionals, including public and private colleges and universities, K12 schools and districts, community colleges, technical schools and military installations. Applications are accepted anytime during the fiscal year.

Principal Representative: The *Principal Representative* should be the individual who has direct responsibility for the administration of the Physical Plant of the member institution. The *Principal Representative* of the member institution has voting privileges and will be asked to attend the TNAPPA Business Meeting at the Annual Conference in May.

Associate Representative: (Without Voting Privileges) The Associate Representative consist of any employee within the Facilities Management and Physical Plant departments of the member institution. *Associate Representative* will receive all TNAPPA Member benefits and discounts. Please list all *Associate Representatives* information on this form.

Affiliate Members: (Without Voting Privileges) *Affiliate Members* may be added to the membership once the Institutional Membership Dues are met. There are two types of *Affiliate Members*.

1. Any personnel from the university and college professional level engaged in related work not associated with the physical plant or facilities department. This would include personnel from auxiliary, provost, parking, transportation, business office, etc.
2. State Board of Regents, University of Tennessee System or similar organization concerned with the management, construction, maintenance or administration of the Physical Plant at institutions of higher education.

Business Partner: (Without Voting Privileges and subject to approval by the TNAPPA Executive Committee) *Business Partners* consist of businesses or professional entities that have an objective or purpose related to facilities management or the physical plant such as consultants or vendors. *Business Partners* can also designate *Associate Representatives*.

Institution/Business Name: _____

Mailing Address: _____ **City, St., Zip:** _____

Principal Representative: _____ **Email:** _____

Title: _____ **Office Phone:** _____

Mailing Address: _____ **City, St., Zip:** _____

(Continue on page 2 if necessary)

Institutional Membership Dues are based on the Institution's FTE as defined below.

<p>Step 1:</p> <p><input type="checkbox"/> 0-999 FTE and under..... \$ 50.00 \$ _____</p> <p><input type="checkbox"/> 1,000 – 4,999 FTE \$ 100.00 \$ _____</p> <p><input type="checkbox"/> 5,000 FTE and Above..... \$ 150.00 \$ _____</p> <p><input type="checkbox"/> Business Partners..... \$ 75.00 \$ _____</p>	<p>Step 2:</p> <p><input type="checkbox"/> Affiliate Members (each).....\$10.00 x _____ = \$ _____ <small>(# of Affiliates)</small></p> <p><input type="checkbox"/> Associate Representatives.....FREE \$ FREE</p> <p style="text-align: right;">Total Amount Enclosed..... \$ _____</p>
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Return THIS FORM with payment to:
 Middle Tennessee State University - ATTN: H. Gerald Grimes - 1500 Greenland Drive Box 32 - Murfreesboro, TN 37032
Please make checks payable to TNAPPA

Institution/Business Name: _____

Additional Representatives:

1. Name: _____ Associate Rep. (FREE) Affiliate Rep. (\$10.00)

Department: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

2. Name: _____ Associate Rep. (FREE) Affiliate Rep. (\$10.00)

Department: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

3. Name: _____ Associate Rep. (FREE) Affiliate Rep. (\$10.00)

Department: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

4. Name: _____ Associate Rep. (FREE) Affiliate Rep. (\$10.00)

Department: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

5. Name: _____ Associate Rep. (FREE) Affiliate Rep. (\$10.00)

Department: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

6. Name: _____ Associate Rep. (FREE) Affiliate Rep. (\$10.00)

Department: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

7. Name: _____ Associate Rep. (FREE) Affiliate Rep. (\$10.00)

Department: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

8. Name: _____ Associate Rep. (FREE) Affiliate Rep. (\$10.00)

Department: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

(simply make copies of this page if you need to add more Representatives)