

MEMBERSHIP APPLICATION

Revised 7/6/2017

 New Application Renewal Certification
(IMA membership
required)

PERSONAL INFORMATION (please print)

 Mr. Ms. Mrs. Miss Dr. Last/Family Name/Surname: _____

First/Given Name: _____ Middle Initial: _____ Suffix: _____

Date of Birth (month/day/year): _____ / _____ / _____ Gender _____ Please indicate Customer/Member ID: _____

PREFERRED ADDRESS Home Business

Company Name: _____

Street/P.O.Box: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: (Include Country/Area/City Codes) _____

E-mail Address: _____ Fax: _____

Job Title: _____ Area of Responsibility: _____

Number of Employees: _____ Company Revenue: _____

SIC CODE - STANDARD INDUSTRY
CLASSIFICATIONS (please circle one)

- 01 Education
- 02 Healthcare
- 03 Media and Entertainment
- 16 Construction, Mining, Agriculture
- 21 Manufacturing
- 41 Transportation, Communication, Utilities
- 51 Wholesale/Retail Trades
- 61 Finance
- 63 Insurance
- 81 Business Services
- 82 Real Estate
- 86 High Tech
- 90 Nonprofit
- 93 Government
- 96 Pharmaceuticals & Biotechnology
- 99 Other _____

A. MEMBERSHIP INFORMATION (All payments must be in U.S. dollars)

 Professional Membership \$207 with promo code \$200 Student Membership \$39

(You must be taking 6 or more credit hours per semester at a college or university.)

School _____

Expected Graduation Date (Year) _____

 Academic Membership \$120

(You must be a full-time faculty member.)

 Certification CMA Entrance Fee (Nonrefundable) \$250
(Except for college students and academics.) Student/Academic CMA Entrance Fee (Nonrefundable) \$188

(College students and academics.)

 Chapter Affiliation \$0

(Parent) 107-Long Island (Student) _____

A subscription to Strategic Finance (\$48, \$25 for students) is included in dues and is nondeductible. Members also receive a subscription to Management Accounting Quarterly and the IMA Educational Case Journal.

B. REGISTRATION FEES

 Application Processing Fee Fee Waived \$1

(All new members except Students)

TOTAL DUE (add sections A and B) \$ 207

APPLICANT STATEMENT

 Check here if you have ever been convicted of a felony. Please enclose a confidential letter with a brief explanation of circumstances to the attention of IMA President & CEO.

I affirm that the statements on this application are correct, and I agree to abide by the IMA Statement of Ethical Professional Practice.

Signature: _____ Date: _____ METHOD OF PAYMENT (All payments must be in U.S. dollars) Wire Payments

All wire transfers must be made with bank fees prepaid. Please notify IMA by e-mail (ima@imanet.org) that you are paying by wire transfer. Include your name, amount sent, and wire transfer receipt number.

 Check PaymentsMy check for \$ _____, payable to IMA, is enclosed.
(No checks drawn on foreign banks will be accepted unless they are payable through U.S. correspondent banks and in U.S. dollars.) Credit Card PaymentsCharge my credit card: AMEX Discover MasterCard VISA

Card Number: _____

Security Code: _____ Expires: _____

Cardholder Name: _____

Signature: _____

Promotional code (if applicable): _____