



PROMOTIONAL CODE

MEMBERSHIP APPLICATION

Revised 02/22/2016

PERSONAL INFORMATION (please print)
New Application
Renewal
Certification (IMA membership required)
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 \$220
Young Professional \$145 (You must be 32 or younger and reside in the U.S., Canada, or Mexico.)
Student Membership \$39 (You must be taking 6 or more credit hours per semester at a college or university.)
Academic Membership \$110 (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) (Student)

B. REGISTRATION FEES

- Application Processing Fee \$15 (All new members except Students and Young Professionals.)

TOTAL DUE (add sections A and B) \$

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 Payments: My 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 Payments: Charge my credit card: AMEX Discover MasterCard VISA

Card Number: Expires:
Security Code: Cardholder Name:
Signature:
Promotional code (if applicable):

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