



PROMOTIONAL CODE

MEMBERSHIP APPLICATION

Revised 10/3/2016

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 \$230
Young Professional \$155 (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 \$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) (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):

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.