



MEMBERSHIP APPLICATION

- 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):

Please indicate your contact preference:

BUSINESS MAILING ADDRESS:

(See reverse side to enter SIC, job title, and responsibility codes)

Title:
Company Name:
Street/P.O. Box:
City:
State/Province:
Zip Code/Postal Code:
Country:
Business Phone: (Include Country/Area/City Codes)

HOME MAILING ADDRESS:

Street/P.O. Box:
City:
State/Province:
Zip Code/Postal Code:
Country:
Phone: (Include Country/Area/City Codes)

If you are applying for Student Membership, please note your school information under "Business Mailing Address."

E-mail Address: Fax:

EDUCATION HISTORY

Table with columns: Name of Institution, Degree, Major, Date Received/Expected. Rows for Undergraduate and Graduate.

Professional Designations Earned: U.S. CPA CFA CIA Other:

CHAPTER AFFILIATION

See a list of Regular/Student Chapter options by visiting our website www.imanet.org, or call (800) 638-4427.

Chapter Name: Chapter Number: Member-At-Large International Member-At-Large

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

- Regular Membership \$185.00
International Membership \$185.00
Student Membership \$37.00
Associate Membership \$61.00/\$122.00
Academic Membership \$93.00

B. OPTIONAL SERVICES

(IMA membership required. All payments must be in U.S. Dollars)

- Member Interest Groups \$75.00 each
CPE Offerings \$229.00-\$329.00
Certification \$75.00
Exam Waiver Fee(s) \$115.00

### C. REGISTRATION FEES

- Membership Registration Fee** ..... \$15.00  
*(All new members except Students and Associates)*
- Reinstatement Fee** ..... \$15.00  
*(If your membership has lapsed for 90 days, a \$15.00 reinstatement fee applies)*

**TOTAL DUE (add sections A, B, and C)** ..... \$ \_\_\_\_\_

### 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 President & CEO.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMA occasionally makes available its members' addresses (excluding telephone and e-mail) to vendors who provide products and services to the management accounting and finance community. If you prefer not to be included in these lists, please check this box.

### CMA/CFM CERTIFICATION PROGRAMS

IMA membership required. If you are applying to the certification programs for the first time, please check the program(s) you wish to enter and enclose the Credentialing Fee (\$75.00) required of new certification applicants only. (Students in the U.S., Canada, and Mexico are exempt.)

- Applying as a Student (*U.S., Canada, and Mexico only*) — Upon graduation, arrange for an official copy of your transcript to be sent.
- Applying as Faculty (*U.S., Canada, and Mexico only*) — Please provide a letter on school stationery affirming full-time teaching status.
- Certified Management Accountant
- Certified Financial Manager

Please complete the Additional Educational Information below:

### ADDITIONAL EDUCATIONAL INFORMATION

Check the appropriate box and make arrangements for supporting documents to be forwarded to the IMA certification department. Only one form of credentials is required.

- Later** — By selecting this option, many applicants choose to provide their educational credentials after completing the exams.  
If you would like to have your credentials reviewed prior to taking the exams to ensure that they are acceptable, please select one of the options below. Please note that the educational requirement must be fulfilled prior to certification.
- College Graduate** — Submit official transcript (translated into English) showing university degree conferred and official university seal, or arrange to have proof of degree sent directly from university.
- GMAT or GRE Scores** — Provide copy of scores.
- U.S. CPA Exam, U.S. CFA Exam, or other acceptable certification or license** — Arrange to have proof sent directly from your certifying organization. Acceptable designations are listed at [www.imanet.org](http://www.imanet.org).

### Strategic Finance Magazine

Subscription rates per year:

Members: ..... \$ 48 (Included in dues, nondeductible)

Student Members: .... \$ 25 (Included in dues, nondeductible)

### Management Accounting Quarterly

Subscription rates per year:

Members: ..... \$ 10 (Included in dues, nondeductible)

### PREFERRED 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.*
- Credit Card Payments**  
Charge my credit card:  AMEX  Discover  MasterCard  VISA  
Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

### 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 \_\_\_\_\_

### JOB TITLE CODE

*(Please Circle One)*

- 05 Executive Officer
- 11 Corporate Officer
- 15 Vice President
- 31 Controller
- 33 Chief Financial Officer
- 35 Director/Manager
- 41 Supervisor
- 47 Accountant
- 51 Analyst
- 55 Programmer
- 57 Administrative
- 59 Consultant
- 65 Academic
- 99 Other \_\_\_\_\_

### RESPONSIBILITY CODE

*(Please Circle One)*

- 01 General Management
- 05 Corporate Management
- 10 Public Accounting
- 15 General Accounting
- 20 Personnel Accounting
- 25 Cost Accounting
- 30 Government Accounting
- 33 Environmental Accounting
- 35 Finance
- 40 Risk Management
- 45 Budget and Planning
- 50 Taxation
- 55 Internal Auditing
- 60 Education
- 65 Information Systems
- 70 Student
- 75 Retired
- 80 Other \_\_\_\_\_

### MEMBER PROFILE

- 1. Do you have international responsibilities?**  
 Yes  No
- 2. Does your company have international locations?**  
 Yes  No
- 3. Who will pay your IMA dues?**  
 Me  My Company
- 4. What are you looking for most from your IMA Membership?**  
 Career assistance  Professional networking  
 Certification  Industry news  
 Education  Leadership training  
 CPE  Research  
 Other (please specify) \_\_\_\_\_
- 5. Are you a member of any other association?**  
 AAA  AFP  AICPA  ASWA  
 CFA Institute (AIMR)  FEI  IIA  
 Other (please specify) \_\_\_\_\_
- 6. Is your organization:**  
 Public sector  
 Private sector  
 Nonprofit
- 8. How did you learn about IMA?**  
 Chapter meeting  Marketing piece  
 IMA educational program  Company recommended  
 IMA website  Industry associate  
 Industry publication  Professor  
 Other \_\_\_\_\_  
 Other website \_\_\_\_\_
- 9. How many employees are in your company or organization?**  
 Under 50  51-100  101-200  201-500  
 501-1,000  1,001-10,000  Over 10,000
- 10. What is your company's current annual revenue?**  
 Under \$1 million  \$500 million - \$1 billion  
 \$1 - \$10 million  \$1 billion - \$5 billion  
 \$10 - \$100 million  \$5 billion - \$10 billion  
 \$100 - \$500 million  Over \$10 billion

Please send your completed application and payment (made out to IMA) to:

INSTITUTE OF MANAGEMENT ACCOUNTANTS, INC.

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