



The Association of
Accountants and
Financial Professionals
in Business

PROMOTIONAL CODE

MEMBERSHIP APPLICATION

Revised 8/22/2013

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Certification <i>(IMA membership required)</i>	PERSONAL INFORMATION <i>(please print)</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. Last/Family Name/Surname: _____ First/Given Name: _____ Middle Initial: _____ Suffix: _____ Date of Birth (month/day/year): ____/____/____ Gender _____ Please indicate Customer/Member ID: _____
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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.)
Date of Birth (Required) _____
- 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** \$110
(You must be a full-time faculty member.)
- Retired** \$110
- Certification**
 - CMA Entrance Fee \$240
(Except for college students and academics. Nonrefundable)
 - Student/Academic CMA Entrance Fee \$75
(College students and academics. Nonrefundable)
- Chapter Affiliation #107 - LONG ISLAND** \$0
(Parent) _____ (Student) _____

B. REGISTRATION FEES

- Membership Registration Fee/Reinstatement 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 (dhuckins@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: _____

Security Code: _____ Expires: _____

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*.

INSTITUTE OF MANAGEMENT ACCOUNTANTS, INC.

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