



MEMBERSHIP APPLICATION

Revised 3/16/2022

<input type="checkbox"/> New Application	PERSONAL INFORMATION (please print)
<input type="checkbox"/> Renewal	
<input type="checkbox"/> Certification (IMA membership required)	
<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: _____	

PREFERRED ADDRESS ☐ Home ☐ Business

Company Name: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Country/District: _____ 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)

Business Services
Construction, Mining, Agriculture
Education
Finance
Government
Healthcare
Insurance
Manufacturing
Media & Entertainment
Nonprofit
Pharmaceuticals & Biotechnology
Real Estate
Student
Transportation/Energy
Technology/Software
Wholesale/Retail/eCommerce
Other _____

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

- ☐ Professional Membership \$260
- ☐ Student Membership \$45
(You must be taking 6 or more credit hours per semester at a college or university.)
School _____
Expected Graduation Date (Year) _____
- ☐ Academic Membership \$135
(You must be a full-time faculty member.)
- ☐ Certification \$280
☐ CMA Entrance Fee (Nonrefundable) \$280
(Except for college students and academics.)
- ☐ Student/Academic CMA Entrance Fee (Nonrefundable) \$210
(College students and academics.)
- ☐ Chapter Affiliation \$0
(Parent) _____ (Student) _____

B. REGISTRATION FEES

- ☐ Application Processing Fee \$15
(All new members except Students)

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

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.

APPLICANT STATEMENT

- ☐ Check here if you have ever been convicted of a felony. A minimum of one year is required after the satisfactory completion of the corrective actions necessitated by the felony. Please enclose a confidential letter with an explanation of circumstances, resume, reference letter, and official documentation that the corrective action/probation has been served to the attention of the President/CEO of IMA.

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: _____

Security Code: _____ Expires: _____

Cardholder Name: _____

Signature: _____

Promotional code (if applicable): _____