ima	© The Association for Accountants and Financial Professionals in Business	PROMOTIONAL CODE		
	MEMBERSHIP APPLICATION			
New Application	PERSONAL INFORMATION (please print)			
Renewal	Mr. Ms. Mrs. Miss Dr. Last/Family Name/Surname:			
Certification (IMA membership required)	First/Given Name:	Middle Initial: Suffix:		
	Date of Birth (month/day/year):// Gender			
PREFERRED ADDR	ESS Home Business	SIC CODE – STANDARD INDUSTRY CLASSIFICATIONS (Please Circle One)		
Company Name:		01 Education 02 Healthcare		
Street/P.O. Box:		03 Media and Entertainment 16 Construction, Mining, Agriculture 21 Manufacturing 41 Transportation Communication Utilities		
City:	State: Zip:	41 Transportation, Communication, Utilities 51 Wholesale/Retail Trades 61 Finance		

		CLASSIFICATIONS (Please Circle One)
		01 Education
Company Name:		02 Healthcare
		03 Media and Entertainment
Street/P.O. Box:		16 Construction, Mining, Agriculture
		21 Manufacturing
	G	41 Transportation, Communication, Utilities
City:	State: Zip:	51 Wholesale/Retail Trades
		61 Finance
Country:	Phone: (Include Country/Area/City Codes)	63 Insurance
		81 Business Services
E	E	82 Real Estate
E-mail Address:	Fax:	86 High Tech
		90 Nonprofit
Job Title:	Area of Responsibility:	93 Government
		96 Pharmaceuticals & Biotechnology
Number of Employees:	Company Revenue:	99 Other

Regular Membership	\$260.00
International Membership	\$260.00
Student Membership	\$ 45.00
(You must be taking 6 or more credit hours per semester and reside in the Expected Graduation Date (Year)	U.S., Canada, or Mexico,
Academic Membership	\$ 135.00
(You must be a full-time faculty member and reside in the U.S., Canada, or	Mexico)
Certification	
Entrance Fee (Except for college students and academics in the U.S., Canada, and Mexico. Nonrefundable.)	\$280.00
Student/Academic Entrance Fee (U.S., Mexican, and	\$ 210.00
Canadian college students and academics. Nonrefundable.)	
Chapter Affiliation	\$ 00.00
(Chapter Name)	

is nondeductible. Members also receive a subscription to Management Accounting Quarterly and the IMA Educational Case Journal.

B. REGISTRATION FEES

Membership Registration Fee/Reinstatement Fee\$15.00 (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 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.

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

, payable to IMA, is enclosed. My check for \$ 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:				Exp.:
Cardholder Name:				
Signature:				
Promotional code (if appl	icable)			