



PROMOTIONAL CODE

## MEMBERSHIP APPLICATION

Revised 7/6/2017

<input type="checkbox"/> New Application  <input type="checkbox"/> Renewal  <input type="checkbox"/> Certification (IMA membership required)	<b>PERSONAL INFORMATION</b> (please print)  <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 ..... \$230
- 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 ..... \$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 ..... **OKLAHOMA CITY** ..... \$0  
(Parent) \_\_\_\_\_ (Student) \_\_\_\_\_

**B. REGISTRATION FEES**

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

**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: \_\_\_\_\_  
Security Code: \_\_\_\_\_ Expires: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Promotional code (if applicable): \_\_\_\_\_

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