

+ + + **MEMBERSHIP APPLICATION** + + +

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Certification <i>(IMA membership required)</i>	<p>PERSONAL INFORMATION <i>(please print)</i></p> <p> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. Last/Family Name/Surname: _____ </p> <p> First/Given Name: _____ Middle Initial: _____ Suffix: _____ </p> <p> Date of Birth (month/day/year): ____/____/____ </p>
<p>PLC USERS ONLY</p> <p>Please Indicate your PLC User ID: </p>	

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)* _____

E-mail Address: _____ **Fax:** _____

HOME MAILING ADDRESS:

Street/P.O. Box: _____

City: _____

State/Province: _____

Zip Code/Postal Code: _____

Country: _____

Phone: *(Include Country/Area/City Codes)* _____

EDUCATION HISTORY	Name of Institution	Degree	Major	Date Received/Expected
Undergraduate:	_____	_____	_____	_____
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 (Check here if no chapter affiliation is desired)
 International Member-At-Large

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

Regular Membership \$195.00
(You must reside in the U.S., Canada, or Mexico)

International Membership \$195.00
(Available to professionals residing outside the U.S., Canada, or Mexico)

Student Membership \$ 39.00
(You must be taking 6 or more hours per semester and reside in the U.S., Canada, or Mexico)
Expected Graduation Date (Year) _____

Associate Membership
(You must apply within 2 years of completing full-time studies and reside in the U.S., Canada, or Mexico)

Select One: 1st year after graduation \$ 65.00
 2nd year after graduation \$130.00

Academic Membership \$ 98.00
(You must be a full-time faculty member and reside in the U.S., Canada, or Mexico)

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

Member Interest Groups \$ 75.00 each
 Controllers Council Cost Management Group Small Business Council

CPE Offerings *(Prices valid through 12/31/08)*

IMA Ethics Series: Success Without Compromise (4 CPE) \$ 75.00*
 IMA Ethics Series: Fraud in Financial Reporting (2 CPE) \$ 59.00*
 IMA Knowledge Exchange (Unlimited CPE) \$274.00**
 IMA Advantage (Unlimited CPE) \$274.00**
 IMA Knowledge Exchange/Advantage Combo \$409.00**
 IMA CPEdge (24+ CPE) \$187.00**
**Valid for 60 days from date of purchase. **Valid for 365 days.*

Certification CMA

Certification Entrance Fee *(Except for students in the U.S., Canada, and Mexico. Non refundable, expires in four years.)* \$200.00

Student Certification Entrance Fee *(U.S., Mexican, and Canadian college students. Non refundable, expires in four years.)* \$ 75.00

Exam Waiver Fee *(See www.imanet.org for more information)* \$190.00

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 CERTIFICATION PROGRAM

IMA membership required. If you are applying to the certification program for the first time, please check the appropriate box and enclose the Certification Entrance Fee (\$200.00) required of new certification applicants only. (\$75.00 for students in the U.S., Canada, and Mexico.)

- 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.

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.

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 (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: _____ Exp.: _____
Cardholder Name: _____
Signature: _____

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. Is your organization:**
 Public sector Nonprofit
 Private sector Government
- 5. What are you looking for most from your IMA Membership?**
 Certification Professional networking
 Education
 Other (please specify) _____
- 6. Are you a member of any other association?**
 AAA AFP AICPA ASWA
 CFA Institute (AIMR) FEI IIA
 Other (please specify) _____
- 7. What role do you play in these associations?**
 Chapter assistance National executive volunteer
 Member Ongoing speaker/educator
 Regional executive volunteer
- 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

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 _____

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

INSTITUTE OF MANAGEMENT ACCOUNTANTS, INC.

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