



MEMBERSHIP APPLICATION

Revised 10/2/2023

☐ New Application

☐ Renewal

☐ Certification  
(IMA membership  
required)

PERSONAL INFORMATION (please print)

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr.

Last/Family Name/Surname: \_\_\_\_\_

First/Given Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_

IMA Customer/Member ID: \_\_\_\_\_

PREFERRED ADDRESS ☐ Home ☐ Business

Company Name: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country/District: \_\_\_\_\_ Phone (Include Country/Area/City Codes): \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_ Area(s) of Responsibility: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Annual 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 \_\_\_\_\_

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

☐ Professional Membership

..... \$295

☐ Student Membership

..... \$49

(You must be taking 6 or more credit hours per semester at a college or university.)

School \_\_\_\_\_

Expected Graduation Year \_\_\_\_\_

☐ Academic Membership

..... \$160

(You must be a full-time faculty member.)

☐ Certification

☐ CMA Entrance Fee (Nonrefundable)

..... \$300

(Except for college students and academics)

☐ Student/Academic CMA Entrance Fee (Nonrefundable)

..... \$225

(College students and academics)

☐ Chapter Affiliation

..... \$0

(Professional) \_\_\_\_\_ (Student) \_\_\_\_\_

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, to the attention of IMA's president/CEO, with an explanation of circumstances, resume, reference letter, and official documentation that the corrective action/probation has been served.

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 email (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): \_\_\_\_\_