

The Association of Accountants and Financial Professionals in Business

DROMOTIONAL CO	DE

MEMBERSHIP APPLICATION

Revised 8/15/2012

■ New Application	PERSONAL INFORMATION (please print)			
☐ Renewal	□ Mr. □ Ms. □ Mrs. □ Dr. Last/Family Name/Surname:			
☐ Certification (IMA membership required)	First/Given Name:		_ Middle Initial: Suffix:	
Company Name: Street/P.O. Box:	SIC CODE – STANDARD INDUSTRY CLASSIFICATIONS (Please Circle One) 11 Education 12 Healthcare 13 Media and Entertainment 14 Construction, Mining, Agriculture 15 Manufacturing			
City:	State:	Zip:	41 Transportation, Communication, Utilities 51 Wholesale/Retail Trades	
	Phone: (Include Country/Area/City Codes)		61 Finance 63 Insurance 81 Business Services 82 Real Estate 86 High Tech	
Job Title:	Area of Responsibility:		90 Nonprofit 93 Government 96 Pharmaceuticals & Biotechnology	
Number of Employees:	Company Revenue:		99 Other	
A. MEMBERSHIP INFORMATION (All payments must be in U.S. Dollars) Professional Membership		B. REGISTRATION FEES Membership Registration Fee/Reinstatement Fee		
	chip \$105.00	Signature:	Date:	
(You must be a full-time faculty member) □ Certification □ Entrance Fee \$225.00 (Except for college students and academics. Nonrefundable) □ Student/Academic Entrance Fee \$75.00 (College students and academics. Nonrefundable)		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 \$, payabi No checks drawn on foreign banks will be acc U.S. correspondent banks and in U.S. dollars.		
		☐ Credit Card Payments		
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