

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

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): ____/____/____

Professional Designations Earned: U.S. CPA CFA CIA Other: _____

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)* _____

HOME MAILING ADDRESS:

Street/P.O. Box: _____

City: _____

State/Province: _____

Zip Code/Postal Code: _____

Country: _____

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

E-mail Address: _____ Fax: _____

CHAPTER AFFILIATION
See a list of Regular/Student Chapter options by visiting our website www.imanet.org, or call (800) 638-4427.

Chapter Name: REDWOOD EMPIRE Chapter Number: 272

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

Regular Membership \$195.00
(You must reside in the U.S., Canada, or Mexico) **Limited Time Offer** \$145.00

Membership Registration Fee \$15.00
Limited Time Offer \$ 0.00

B. OPTIONAL SERVICES

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

CPE Offerings *(Prices valid through 12/31/07)*

IMA Ethics Series: Success Without Compromise (4 CPE) \$ 75.00

IMA Knowledge Exchange (Unlimited CPE) \$259.00

IMA Advantage (Unlimited CPE) \$259.00

IMA Knowledge Exchange/Advantage Combo \$389.00

IMA CPEdge (24+ CPE) \$179.00

TOTAL DUE (add sections A and B) \$ _____

PREFERRED METHOD OF PAYMENT

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: _____

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.