

ACCOUNTING CLUB/IMA STUDENT CHAPTER APPLICATION

Name: _____ E-Mail Address: _____

Local Address: _____

Local Phone: _____ Phone (2): _____ Expected Graduation Date: _____

Academic Status (circle one): Freshman Sophomore Junior Senior Graduate

Major (circle one): Accounting Undecided Other: _____

Description of Membership

MSU Accounting Club/IMA (Institute of Management Accountants) Student Chapter

Note: Students must fill out a separate application form for the IMA national office.

Membership Benefits: Monthly dinner meetings with the Greater Ozarks Chapter of the IMA, the parent chapter of the Accounting Club, which gives the opportunity to network and learn from accounting professionals from around the region. In addition, students may apply for IMA student scholarships, attend the IMA Student Conference, receive a subscription to "Strategic Finance," and utilize the resources of this global organization. Also, members can attend monthly meetings that provide networking and educational opportunities, as well as food and socializing. Lastly, students have the opportunity to meet and develop relationships with professionals via technical meetings, plant tours, social events, and other career enhancing activities.

Membership:

_____ First time Membership ACC Club/IMA Membership, \$80

<input type="checkbox"/> New T-shirt	<input type="checkbox"/> 2 past T-shirts	Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL
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*You will be billed annually by the IMA for renewal, at the discounted rate of \$25/year. (\$14/year of savings!)

As an Accounting Club/IMA Student Chapter member, I agree to 1) abide by the rules of the Accounting Club/IMA Student Chapter and 2) attend as many meetings and club events as my academic schedule will permit.

Signature: _____ Date: _____

OFFICE USE ONLY: Completed Accounting Club application form to Club Membership Director. Completed IMA application and checks to Club Treasurer.

PAYMENT METHOD: Check: # _____ \$ _____ Cash: \$ _____



MEMBERSHIP APPLICATION

Revised 8/22/2013

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Certification <i>(IMA membership required)</i>	PERSONAL INFORMATION <i>(please print)</i>	
	<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: _____	

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 \$220

Young Professional \$145
(You must be 32 or younger and reside in the U.S., Canada, or Mexico.)
 Date of Birth (Required) _____

Student Membership \$39
(You must be taking 6 or more credit hours per semester at a college or university.)
 School Missouri State University
 Expected Graduation Date (Year) _____

Academic Membership \$110
(You must be a full-time faculty member.)

Retired \$110

Certification

CMA Entrance Fee \$240
*(Except for college students and academics. **Nonrefundable**)*

Student/Academic CMA Entrance Fee \$75
*(College students and academics. **Nonrefundable**)*

Chapter Affiliation \$0
 (Parent) Greater Ozarks Chapter (Student) _____

B. REGISTRATION FEES

Membership Registration Fee/Reinstatement Fee \$15
(All new members except Students and Young Professionals.)

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 (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: _____
 Security Code: _____ Expires: _____
 Cardholder Name: _____
 Signature: _____
 Promotional code (if applicable): _____

A subscription to *Strategic Finance* (\$48, \$25 for students) is included in dues and is nondeductible. Members also receive a subscription to *Management Accounting Quarterly* and the *IMA Educational Case Journal*.