

# IMCA Membership Application

<b>IMCA Membership Fees:</b>		<b>A.) MEMBERSHIP FEE TOTAL:</b>
	<u>One Year Membership</u>	
• IMCA Member	\$395	\$ <input type="text"/>

## Membership Information:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State or Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that by providing the fax number and E-mail address above, I hereby consent to receive faxes and E-mails sent by or on behalf of IMCA.

## Method of Payment:

Check (payable to IMCA for the total amount)       MasterCard       VISA       American Express       Diners Club       Discover  
Credit Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Membership dues are not refundable and not transferable.*

## Membership Demographics:

### Education: (check only one)

- |                                                  |                                          |
|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> High School             | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some College, No Degree | <input type="checkbox"/> Law Degree      |
| <input type="checkbox"/> Associate's Degree      | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Bachelor's Degree       |                                          |

### Your Firm Affiliation: (check only one)

- |                                                        |                                                            |
|--------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> National Wire House           | <input type="checkbox"/> Investment Management Wholesalers |
| <input type="checkbox"/> Regional Broker Dealers       | <input type="checkbox"/> Industry Service Providers        |
| <input type="checkbox"/> RIA's                         | <input type="checkbox"/> Money Managers                    |
| <input type="checkbox"/> Banks/Trusts                  | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> National/Regional Independent |                                                            |

### Your Primary Professional Responsibility: (check only one)

- |                                                |                                            |
|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Accountant            | <input type="checkbox"/> Client Services   |
| <input type="checkbox"/> Attorney              | <input type="checkbox"/> Fund Trustee      |
| <input type="checkbox"/> Bank Trust            | <input type="checkbox"/> Pension Analyst   |
| <input type="checkbox"/> Investment Consultant | <input type="checkbox"/> Securities Broker |
| <input type="checkbox"/> Corporate Officer     | <input type="checkbox"/> Money Manager     |
| <input type="checkbox"/> Investment Analyst    | <input type="checkbox"/> Wholesaler        |
| <input type="checkbox"/> Financial Planner     | <input type="checkbox"/> Other             |

### Types of Clients: (check all that apply)

- |                                             |                                                         |
|---------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Individuals        | <input type="checkbox"/> Endowments, Foundations, Assn. |
| <input type="checkbox"/> Corporations       | <input type="checkbox"/> Multiple                       |
| <input type="checkbox"/> Public Funds       | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Taft Hartley Plans |                                                         |

### Your Designations: (check all that apply)

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> CIMA® | <input type="checkbox"/> CFP®  |
| <input type="checkbox"/> CIMC® | <input type="checkbox"/> CPA   |
| <input type="checkbox"/> CFA®  | <input type="checkbox"/> Other |

### Your Experience: (check only one)

- |                                        |                                         |
|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 1 to 3 years  | <input type="checkbox"/> 11 to 20 years |
| <input type="checkbox"/> 4 to 10 years | <input type="checkbox"/> 21 + years     |

### Total assets under your advisement: (check only one)

- |                                              |                                            |
|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> < \$50M             | <input type="checkbox"/> > \$500M & < \$1B |
| <input type="checkbox"/> > \$50M & < \$150M  | <input type="checkbox"/> > \$1B            |
| <input type="checkbox"/> > \$150M & < \$250M | <input type="checkbox"/> Not Applicable    |
| <input type="checkbox"/> > \$250M & < \$500M |                                            |

Current Number of Clients you are Advising: \_\_\_\_\_

## Optional Membership Demographics:

### Gender:

- Male       Female

### Your racial/ethnic background:

- |                                                            |                                                                    |
|------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Hispanic or Latino                |                                                                    |

### Age:

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 20-29 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 60-69 |
| <input type="checkbox"/> 40-49 | <input type="checkbox"/> 70+   |

## Registration—Three easy ways to apply:

**Web**—Apply electronically by visiting the IMCA Web site at [www.imca.org](http://www.imca.org), and then log in to My IMCA.

**Mail**—Mail your completed membership form along with a check or credit card number to:

IMCA, 5619 DTC Parkway, Suite 500, Greenwood Village, CO 80111.

**Fax**—Fax your completed membership form along with a credit card number to IMCA at 303.770.1812. *To prevent duplication of payment, send your renewal form only once. (For example, if you renew by mail, DO NOT fax IMCA a copy; this is a duplicate order and you will be charged twice.)*