

CITMA[®]

Certified Investment Management AnalystSM

Certification Program Application

IMCA[®]
investment
management
consultants
association

CERTIFICATION PROCESS

Thank you for applying to the CIMA Certification Program. There are five steps you must complete to become certified:

1. Submit the initial application, fee, and undergo a background check
2. Attempt and successfully pass the Qualification Examination
3. Schedule into and complete the education program through a Registered Education Provider
4. Submit the Certification Examination Application and fee and successfully pass the Certification Exam
5. Sign License Agreement, submit the initial certification fee, and agree to adhere to IMCA's *Code of Professional Responsibility, Standards of Practice, and Rules and Guidelines for Use of the Marks*

Personal/Demographic Information

Mr. Mrs. Ms.

Preferred Mailing Address: Business Home

Last Name: _____ First Name: _____ Middle Initial: _____

Business Name: _____ Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____ Country: _____

Home Address: _____

City/State or Province: _____ Zip/Postal Code: _____ Country: _____

Primary Phone: _____ Primary E-mail: _____

Secondary Phone: _____ Secondary E-mail: _____

Fax: _____

Birth Month (required): ____ Birth Year (optional) : ____

How Did You Hear About the CIMA Certification Program? *(check only one)*

- IMCA Advertisement
- Company and/or Leadership
- IMCA Direct Mail or E-mail Promotion
- IMCA Conference
- Other Meeting or Conference
- IMCA Website
- College/University
- Personal Referral

(if so, please provide name):

Other (please specify) _____

Highest Level of Education *(check only one)*

- High School
- Associate's Degree
- Some College, No Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Law Degree
- Other (please specify) _____

Which One Best Describes Your Primary Responsibility?

(check only one)

- Accountant
- Attorney
- Bank/Trust Officer
- Investment Consultant
- Corporate Officer
- Investment Analyst/Research
- Client Service
- Fund Trustee
- Pension Analyst
- Securities Broker
- Money Manager
- Financial Planner
- Wholesaler
- Wealth Manager/Advisor
- Other (please specify) _____

Total Assets Under Your Advisement

(check only one)

- < \$50M
- \$50M–\$150M
- \$150M–\$250M
- \$250M–\$500M
- \$500M–\$1B
- > \$1B
- Not Applicable

Current Number of Clients You Are Advising

Your Firm Affiliation (check only one)

- National Wire House
- Regional Broker Dealer
- RIA
- Bank/Trust
- National/Regional Independent
- Investment Management Wholesaler
- Industry Service Provider
- Money Manager
- Other (please specify) _____

Describe Types of Clients (check all that apply)

- Individuals
- Corporations
- Public Funds
- Retirement/Pension Plans
- Endowments, Foundations, and/or Associations
- Family Office
- Other (please specify) _____

Please List Any Other Designations You Currently Hold (check all that apply)

- CIMC*
- CPWA*
- CFA*
- CFP*
- Other (please specify) _____

Your Experience in Financial Services:

(check only one)

- 1 to 3 years
- 4 to 10 years
- 11 to 20 years
- 21+ years

Opt Out of CIMA Certification Education Offerings

- By checking this box I am indicating that I would like to opt out of having my contact information (address and email address) shared with IMCA Registered Education Providers and review providers. I understand that, by selecting this option, IMCA will not share my contact information (address and email address) with any education or review providers and it is my sole responsibility to contact Registered Education Providers directly if/when I am eligible to attend a Registered Education Program.

OPTIONAL Demographic Information

Gender:

- Male
- Female

Ethnic Origin:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other: _____

Experience

Applicants must be able to demonstrate a minimum of three years of financial services experience.

List Each Position Held, With Most Recent Position Listed First, for the Past 10 Years Only:

Company: _____ Your Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities: _____

Company: _____ Your Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities: _____

Company: _____ Your Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities: _____

Company: _____ Your Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities: _____

Please attach an addendum or resume if more space is required.

Complete Background Information Form

Adapted from the **UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER Form U4 (05/2009)**

Applicant Name: _____ **Applicant SSN:** _____

CRD # (if applicable): _____

14. DISCLOSURE QUESTIONS

Refer to the explanation of terms section of Form U4 for explanations of italicized terms.

| | | Yes | No |
|-------------------------------------|--|--------------------------|--------------------------|
| Criminal Disclosure | | | |
| 14A. | (1) Have you ever: | | |
| | (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) been <i>charged</i> with any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever: | | |
| | (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) been <i>charged</i> with any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14B. | (1) Have you ever: | | |
| | (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever: | | |
| | (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Regulatory Action Disclosure | | | |
| 14C. | Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever: | | |
| | (1) <i>found</i> you to have made a false statement or omission? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (6) <i>found</i> you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or <i>found</i> you to have been unable to comply with any provision of such Act, rule or regulation? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (7) <i>found</i> you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (8) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14D. | (1) Has any other Federal regulatory agency or any state regulatory agency or <i>foreign financial regulatory authority</i> ever: | | |
| | (a) <i>found</i> you to have made a false statement or omission or been dishonest, unfair, or unethical? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (c) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (d) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No |
|---|--------------------------|--------------------------|
| 14D. <i>continued</i> | | |
| (e) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Have you been subject to any <i>final order</i> of a state securities commission (or any agency or office performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate <i>federal banking agency</i> , or the National Credit Union Administration, that: | | |
| (a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14E. Has any <i>self-regulatory organization</i> ever: | | |
| (1) <i>found</i> you to have made a false statement or omission? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) <i>found</i> you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or <i>found</i> you to have been unable to comply with any provision of such Act, rule, or regulation? | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) <i>found</i> you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14F. Have you ever had an authorization to act as an attorney, accountant, or federal contractor that was revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14G. Have you been notified, in writing, that you are now the subject of any: | | |
| (1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E? | <input type="checkbox"/> | <input type="checkbox"/> |

Civil Judicial Disclosure

| | | |
|--|--------------------------|--------------------------|
| 14H. (1) Has any domestic or foreign court ever: | | |
| (a) <i>enjoined</i> you in connection with any <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <i>found</i> that you were <i>involved</i> in a violation of any <i>investment-related</i> statute(s) or regulation(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you by a state or <i>foreign financial regulatory authority</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Are you named in any pending <i>investment-related</i> civil action that could result in a "yes" answer to any part of 14H(1)? | <input type="checkbox"/> | <input type="checkbox"/> |

Customer Complaint/Arbitration/Civil Litigation Disclosure

| | | |
|--|--------------------------|--------------------------|
| 14I. (1) Have you ever been <u>named</u> as a respondent/defendant in an <i>investment-related</i> , consumer-initiated arbitration or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and which: | | |
| (a) is still pending, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) resulted in an arbitration award or civil judgment against you, regardless of amount, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) was settled, on or after 05/18/2009, for an amount of \$15,000 or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Have you ever been the subject of an <i>investment-related</i> , consumer-initiated (written or oral) complaint, which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> , and which: | | |
| (a) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or; | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No |
|---|--------------------------|--------------------------|
| 14I. <i>continued</i> | | |
| (b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i> , consumer-initiated, written complaint, not otherwise reported under question 14I(2) above, which: | | |
| (a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the <i>firm</i> has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) alleged that you were <i>involved</i> in forgery, theft, misappropriation, or conversion of funds or securities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009. | | |
| (4) Have you ever been the subject of an <i>investment-related</i> , consumer-initiated arbitration claim or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> , and which: | | |
| (a) was settled for an amount of \$15,000 or more, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) resulted in an arbitration award or civil judgment against any named respondent(s)/defendant(s), regardless of amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i> , consumer-initiated arbitration claim or civil litigation not otherwise reported under question 14I(4) above, which: | | |
| (a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the arbitration claim or civil litigation must be reported unless the <i>firm</i> has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) alleged that you were <i>involved</i> in forgery, theft, misappropriation, or conversion of funds or securities? | <input type="checkbox"/> | <input type="checkbox"/> |

Termination Disclosure

| | | |
|--|--------------------------|--------------------------|
| 14J. Have you ever voluntarily <i>resigned</i> , been discharged, or permitted to <i>resign</i> after allegations were made that accused you of: | | |
| (1) violating <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) fraud or the wrongful taking of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct? | <input type="checkbox"/> | <input type="checkbox"/> |

Financial Disclosure

| | | |
|--|--------------------------|--------------------------|
| 14K. Within the past 10 years: | | |
| (1) have you made a compromise with creditors, filed a bankruptcy petition, or been the subject of an involuntary bankruptcy petition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition, or been the subject of an involuntary bankruptcy petition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14L. Has a bonding company ever denied, paid out on, or revoked a bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14M. Do you have any unsatisfied judgments or liens against you? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the above questions, please provide a complete typed explanation of the event on a separate sheet of paper and submit it with your application. IMCA will conduct a search of the FINRA Central Registration Depository system for any legal proceedings or investigations by that organization.

Signature of Applicant: _____ Date: _____

The person below verifies that to the best of his/her knowledge, the information reflected on this sheet is accurate. He/she also verifies that to the best of his/her knowledge, there are no new complaints or disciplinary actions about to be filed.

Please Select one:

Supervisor Compliance Officer Applicant does not have a supervisor or compliance officer (example: Independent RIA). *Please submit Form ADV.*

Signature of Supervisor/Compliance Officer: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

CIMA Certification Application Terms and Conditions

The CIMA® and Certified Investment Management AnalystSM marks (CIMA marks) are owned by Investment Management Consultants Association (IMCA®) and protected by trademark law. Only those individuals who have satisfied all of IMCA's certification requirements are authorized to use the CIMA marks.

When the work experience, education, ethics, and examination requirements have been met and all fees are paid in full, candidates are provided a Certified Investment Management Analyst License Agreement for signature. By signing the Agreement, the licensee agrees that IMCA is the owner of the CIMA marks with rights to exercise control over the use of the CIMA marks, to protect them against infringement by third parties, and to insure that persons authorized to use the CIMA marks are in compliance with the IMCA *Code of Professional Responsibility, Standards of Practice, and Rules and Guidelines for Use of the Marks*. Upon receipt of the signed License Agreement, authorization to use the CIMA marks is awarded.

Payment Policy

CIMA Certification Application payment includes processing fees, background checks, and the testing fee for **one attempt** of the online Qualification Examination. All rates are subject to change. The Payment Form must be completed and returned with payment when submitting this application. Full payment is due with the application and may be paid by check or credit card.

There is a \$125 IMCA member/\$175 nonmember fee for each retake attempt of the Qualification Examination. Upon passing the Qualification Examination, candidates may enroll in an education program with a Registered Education Provider. Details about Registered Education Providers can be found online at www.IMCA.org/main/do/CIMAeducation, and a fee schedule of current fees for the CIMA certification program can be found at www.IMCA.org/main/do/CIMAFeeschedule. All rates are subject to change.

Payments are deposited upon receipt, but deposited monies do not guarantee entry into the CIMA Certification Program. If your application is not approved, your payment will be refunded in full, either by credit card or check.

Expiration Policy

This application expires two years from the date it is processed by IMCA. If a candidate's application expires, he/she may reapply to the program by submitting a new application and fee.

Cancellation Policy

The CIMA certification application fee is nonrefundable.

Applicant Agreement

I certify that the information contained in this application is true, complete, and made in good faith. I understand that failure to truthfully complete this application or to truthfully respond to any other inquiry from IMCA may result in denial or revocation of the CIMA Certification Program Application.

I authorize IMCA to access my education and employment records for the purpose of verifying the statements and information provided here. I authorize the investigation of all statements made by me to IMCA including, but not limited to, these statements made in this form. I understand that my name and contact information may be released only to providers of courses and tutorials that may be helpful in preparing to meet requirements of the CIMA Certification Program.

I understand and agree that I will not be eligible to sit for the Qualification Examination until my application is complete and accepted by IMCA; that I must pass the Qualification Examination to become eligible for an education program, and that upon passing the Qualification Examination, I must contract for an education program with a Registered Education Provider and work directly with that institution on payment and scheduling details. I further understand that I must meet all requirements of a Registered Education Provider's program before I can apply for the CIMA Certification Examination and must pass the CIMA Certification Examination before I can be considered for the CIMA certification.

I understand that I will be required to execute a CIMA License Agreement and agree to abide by the IMCA *Code of Professional Responsibility, Standards of Practice, and Rules and Guidelines for Use of the Marks*. I also understand that I must pay an initial certification fee and meet ongoing certification renewal requirements, including fees, to maintain the CIMA credential.

In consideration for IMCA's acceptance of this application, I agree that neither IMCA nor its directors, officers, employees, and others acting on its behalf shall be liable to me for any actions taken or omitted in any official capacity or in the scope of employment, and I hereby release IMCA and the other persons identified above from any liability for such actions or omissions.

Signature of Applicant: _____ Date: _____

CIMA Certification Application Fee Payment Form (rates subject to change)

Please check the CIMA Certification Program Application Fee Payment Option of Choice:

| | |
|---|-------------|
| <input type="checkbox"/> Application Fee (current IMCA member) | \$105* (US) |
| <input type="checkbox"/> Application Fee and IMCA Membership membership (\$395) application (\$105) | \$500* (US) |
| <input type="checkbox"/> Application Fee (nonmember) | \$500* (US) |

*Fee includes one attempt to pass the Qualification Examination.

Method of Payment

Full payment is due with application. Please check one:

Check (payable to IMCA) Check number: _____

MasterCard VISA American Express Diners Club Discover

Amount to be charged: \$ _____

Credit Card #: _____ Exp.: _____

Name on Card: _____ Signature: _____

Payments are deposited upon receipt, but deposited monies do not guarantee entry into any IMCA designation program. If your application is not approved, your payment will be refunded in full, either by credit card or check

Submit your application via mail or fax to:

Investment Management Consultants Association

Attn: Certification Department

5619 DTC Parkway, Suite 500

Greenwood Village, CO 80111

F 303.770.1812

Why should I select an IMCA membership?

In addition to supporting the investment consulting and wealth management profession and networking with the best in the business, IMCA members receive a significant return on their \$395 annual investment:

- Discounts on IMCA conferences, education, certification fees, and other continuing education offerings.
- Three periodical subscriptions that deliver essential knowledge, practice trends, research, and theory: *Investments & Wealth Monitor*, *IMCA Research Quarterly*, and the *Journal of Investment Consulting*.
- Two electronic subscriptions that synthesize current industry news and regulatory and legislative updates that are most relevant to you: IMCA Insight and IMCA Legislative Intelligence.
- Premier Web-based content that offers a library of free article downloads, podcasts, model RFP templates, online networking, and a membership directory. For more information visit www.IMCA.org/main/do/Join.

IMCA[®]
investment
management
consultants
association

C I T M A [®]

C e r t i f i e d I n v e s t m e n t M a n a g e m e n t A n a l y s t SM

Investment Management Consultants Association

5619 DTC Parkway, Suite 500
Greenwood Village, CO 80111
P 303.770.3377
F 303.770.1812
www.IMCA.org