

IMCA Membership Application

IMCA Membership Fees: <div style="text-align: center; border-bottom: 1px solid black; margin: 5px 0;"> One Year Membership \$395 </div> <ul style="list-style-type: none"> • IMCA Member 	A.) MEMBERSHIP FEE TOTAL: <div style="border: 1px solid black; padding: 5px; text-align: center;"> \$ </div>
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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

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 | |

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 | |

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 |

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, then click on Membership.

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.)*