

CERTIFIED INSTITUTE OF MANAGEMENT ACCOUNTANTS, USA



1207 Delaware Ave, Suite 1756, Wilmington

www.cimaworldwide.orginfo@cimaworldwide.org

Attach two
passport Photographs

Application for Membership

I wish to apply for (Please tick the appropriate):

1. **ASSOCIATE MEMBER(ACMA)**
2. **MEMBER OF CERTIFIED ACCOUNTANT**

3. **FELLOW MEMBERSHIP(FCMA)**

The appropriate fee:

\$200.00
 \$300.00
€

\$500:00

Personal Details

Title (Mr/Mrs/Miss/other): Surname-----

First Name-----Middle Name-----

Postal Address-----

Office Address-----

Date of Birth-----Marital Status-----

Nationality-----Phone-----

WhatsApp Number----- E-mail: -----

Academic Qualifications-----

Professional Qualifications-----

Present Job Position-----

Full name and address of present employer-----

Signature of Applicant

I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership. If selected I agree to abide by the Institute's Charter and Bye-laws and to observe the provisions of the Institute's Code of Professional Standards. I confirm that the information supplied in support of my for membership is correct. I agree that all fees paid are nonrefundable. Signature: -----

----- **Date:** -----

***BANK ACCOUNT DETAILS FOR PAYMENT**

Account Name: Certified Institute of Management Accountants

Account Number: 214466572729

Routing Number: 101019644

Bank Name: Lead Bank

Bank Address: 1801 Main St. Kansas City, MO 64108, US

