



Incentive Marketing Association



**CERTIFIED PROFESSIONAL
OF INCENTIVE MANAGEMENT**

Certification Application

Name _____

Company _____

Address _____

Phone _____

Email _____

CPIM Application Fee IMA Member - \$100 Non-Member - \$250

Check Enclosed

Charge \$_____ to MasterCard Visa American Express

Credit Card # _____ Exp. Date _____

Signature: _____

Payments or contributions to IMA are not deductible as charitable contributions for Federal Income Tax purposes.

Payments may be deductible as a business expense; consult your tax advisor.

Federal Tax Identification number is 36-4250393.

Please forward completed application and payment to: IMA Certification
1601 North Bond Street
Suite 303
Naperville, IL 60563
Fax: 630.369.3773