



Application for Membership

Membership in the Identity Management Institute (IMI) is personal and is not transferable. Applications must be signed and dated for processing. Non-refundable initial one time membership application fee is \$95 for all members and must be paid prior to membership acceptance.

Check type of membership desired:

- Associate Member (Not seeking certification yet but desire to join IMI)
- Regular Member (Seeking IMI certification)

Annual membership dues are \$35 for Associate members, \$95 for Regular members holding one certification, and \$150 for Regular members holding more than one certification. Annual membership expires on December 31 of each year and must be renewed annually including the year in which membership was accepted before August 31.

It is the responsibility of each applicant to demonstrate his or her application to warrant acceptance. The sufficiency of demonstrating qualifications is particularly critical if applicant intends to be a candidate for certification.

First Name: ----- Middle Name: ----- Last Name: -----

How did you find out about IMI? Please check one and describe.

- Internet Search
- Google Ads
- Referred by a member: who? -----
- Other: where? -----

If seeking certification, which designation are you applying for?

- CIRM
- CIPA
- CRFS

If seeking certification, please submit the appropriate exam and/or petition application with your membership application.

If seeking associate membership, do you plan to become certified?

- No
- Yes



Which designation? ----- When? -----

Home Address: -----

City: ----- State or Region: ----- Zip: -----

Country -----

Home Phone: () -----

Personal (permanent) Email Address: -----

Business Title: -----

Company Name: -----

Business Phone: () -----

Business Email Address: -----

Company Address: -----

City: ----- State: ----- Zip: -----

Preferred mailing address: Home Business

Have you ever been found guilty of fraud or ethics violations?

No Yes

If yes, please explain:

Attestation

I certify that all information herein is true and complete to the best of my knowledge and belief. I authorize verification of this information and release all concerned from any liability in connection therewith. I hereby apply for membership in the Identity Management Institute (IMI), and affirm I have read and understand the qualifications for membership. I agree to abide by the IMI's rules, regulations, code of ethics and to promote the IMI's objectives and purpose. I understand that providing false information in the application for membership form, or in any other IMI application are sufficient grounds for denial of membership, denial of certification or expulsion from IMI when false or misleading information is discovered. IMI membership may be cancelled at any time with a written notice.

Full Name: -----

Please print your FULL name

Signature-----

Date-----



Application Process

Please send your completed membership application to the Identity Management Institute. If seeking certification, please send a completed exam or petition application along with your membership application (additional exam and petition fees apply). You may include a \$95 check in the mail for the non-refundable membership application fee or if you wish to pay by credit card, please wait for the online credit card payment voucher which you will receive after your application is accepted by IMI for processing. IMI does not collect credit card numbers as part of the application process to minimize credit fraud risks. If you have any questions, please email us at info@theimi.org.

Please send your completed membership and certification applications to IMI as follows:

- 1) Scan your documents and email to info@theimi.org, or
- 2) Fax to **(800) 254-0178**, or
- 3) Mail to:

Identity Management Institute
20555 Devonshire Street
Suite 366
Chatsworth, CA 91311- USA