

ICMP Renewal

Personal Data

Name: Mr. Mrs. Ms. _____
First Name M.I. Last Name Suffix

Mailing Information

Unless otherwise requested in writing by you, all correspondence regarding your renewal will be sent to you at this address.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Documentation of Qualified Renewal Points (18 required)

Please attach necessary information to renewal form. IMA will notify you in writing when your renewal is approved and send plate for your ICMP plaque. All points are subject to committee review.

Renewal Fee (U.S. Dollars)

Checks should be made payable to IMA and mailed with the application to:

*IMA ICMP Designation Coordinator
PO BOX 6200
Johnston, Iowa, 50131*

Check Money Order Credit Card

I authorize IMA to charge my:

VISA MasterCard

Renewal Fee: \$150

Account No. _____ Expiration Date: _____

Signature: _____ Date: _____