## INTERNATIONAL MAINTENANCE INSTITUTE

## **MEMBERSHIP APPLICATION**



A non-profit professional organization dedicated to the progress of maintenance throughout the world.

## P.O. Box 404 • Wallingford, CT 06492 (203) 626-9739 info@imionline.org • imionline.org



	Ms.□			<b>—</b>
Preferred Mailing Address: (check one)		☐ Ho		Business
Home Address:				
		Address		
City:				te
Zip Code	Country	Zip Code	Co	untry
		Business Phone _		
Have you previously	been an IMI member?	Fax Number		
□Yes □No If ye	es, when?	E-mail		
REQUESTED MEMBE	R CLASSIFICATION:			
Senior Member: Any per	son directly engaged in maintenance r	management or supervision. <b>D</b>	ues are \$50.00.	
☐ Associate Member: Any	person directly or indirectly engaged in	n the maintenance function, ser	ving or cooperating with	Senior Members.
Dues are \$100.00.				
	person directly involved in the mainten by an accredited organization. <b>Dues</b>		nust submit written cert	ification that he/she is classif
☐ Student Member:	A. Any person enrolled in an acc curriculum. Dues are \$10.00.	redited institute i.e., college,	vocational school, pur	suing a maintenance rela
!	B. Any person enrolled in an apprent	iceship program i.e., training pro	ogram by an approved i	institute. <b>Dues are \$10.00</b> .
☐ Corporate Member: Co	rporate memberships are available w	hich will include the membershi	p of one applicant, who	shall be designated in writi
	nts of a member in his classification. company or institution, corporate m		be obtained by proces	ssing through regular mem
Complete application and	mail with check to:	ease bill me.		
INTERNATIO	NAL MAINTENANCE INSTITUT	Έ	Chapter affiliation	
	ership Chairman		(where appropriate)	
P.O. Box 404 Wallingford,			Chantan Dura	Φ
•	dues payments to IMI are not	deductible as charitable	Chapter Dues (where appropriate)	\$
contributions. However	, dues payments may be deduc	ctible by members as an		
	y business expense. The all		International Dues	\$
	ternational Maintenance Institut application are correct, agrees to			
request and, if elected t	o membership, agrees to be gov		TOTAL	\$
and Bylaws of the Institu	te.			
Signature of Applicant:			Date:	
Referred by				
•	Representative			
	EOD INTERNATIONAL A	***************************************		
	FOR INTERNATIONAL I	MAINTENANCE INSTITUTE	USE ONLY	
Member No.	Chapter Code			
Region	Chapter	Pin	Date	
Check No.	Amount	Certificate Date		
Accepted for Interna	ntional Membership			
Signature of Internati	onal Official	Position		Date