

IACVA

ASSOCIATE MEMBERSHIP APPLICATION



Please complete the information below (Legible Print or Type): Your name and address exactly as you wish it to appear in IACVA's Credentialed Member Directory on our website at www.iacva.org and on your Membership Certificate. To better serve you, IACVA requests a curriculum vitae and a business photo (head shot) be submitted along with your application.

MEMBER INFORMATION:

Country _____

First Name: _____ Last (Family) Name _____

Name of Firm, Organization, or Agency: _____

Address: (include Mail Stop if applicable) _____

City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____

E-mail: _____

Position in Firm: (or Official title) _____

Designations Currently Hold: _____

Areas of Expertise: _____

SHIPPING ADDRESS: *(If different from address above)*

Name of Firm, Organization, or Agency: _____

Address: (include Mail Stop if applicable) _____

City: _____ State: _____ ZIP: _____

HOME ADDRESS: *(Note: This address will not appear in any IACVA publication. It will be used by IACVA if you change your place of employment and we are unable to obtain a forwarding address and phone number.)*

Address: _____

City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____

PROFESSIONAL CONDUCT:

1 Have you ever been convicted of any felony or any crime carrying a punishment (whether served or not) of more than one year in prison?

Yes ☐ No ☐ If Yes, please explain: _____

2 Have you been convicted of a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any substantially equivalent crime in any court of law? Yes ☐ No ☐ If Yes, please explain: _____

3 Have you had any professional license, professional certification, or professional membership revoked, refused, or suspended (other than for non-payment of dues)? Yes ☐ No ☐ If Yes, please explain: _____

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I am a: ☐ Practitioner pursuing the CVA (1) ☐ Professional not pursuing a designation (2)
☐ Practitioner pursuing the CFD (1) ☐ Government Employee not pursuing a designation (3)
☐ Government Employee pursuing the CVA or CFD (3) ☐ Academician not pursuing a designation (4)
☐ Academician pursuing the CVA or CFD (4) ☐ Student full-time, (5)

CHECK THE APPLICABLE OPTION:

1 - Practitioner Annual Membership Dues: \$430*

2 - Professional – non practicing Annual Membership Dues: \$215*

3 - Government Employee Annual Membership Dues: \$125*

4 - Academician Annual Membership Dues: \$215*

5 - Student Annual Membership Dues: \$125*

- *These amounts are applicable to members not affiliated with a Charter Member. For others, contact your Charter Affiliate. Annual dues are subject to change*

PAYMENT METHOD:

Wire (please absorb the wire fee to avoid delays and send in USD only)

Wire transfer information. Please include ALL of the following wire information

Destination Bank: Wachovia Bank, N.A., New York,

SWIFT Code PNBPU3NNYC

Beneficiary's Bank: Bank of Montreal, Int'l Banking H.Q.,

SWIFT Code BOFMCAM2, CHIPS UID 046440

Beneficiary's Bank Address 595 Burrard Street, Vancouver, BC V7X1L7

Beneficiary: International Association of Consultants, Valuators and Analysts

Account No. 00044636966

Signature of Applicant: _____ Date: _____

Your signature will authorize IACVA to confirm the above information via e-mail and/or fax, if necessary and authorize IACVA to use either medium for future communication. IACVA will not disclose or share this information with third parties to secure confidentiality.

Applicant agrees to abide by the rules governing this Association and its members and agrees to hold IACVA harmless from any claims arising from or related to membership in IACVA.

RETURN APPLICATION TO:

IACVA—Administrative Office

1411 Fourth Avenue . Suite 410 . Seattle . Washington . 98101 USA . Admin Tel: (206) 623-3200 . Admin Fax: (206) 623-3222 . Internet: www.iacva.org

For Office Use Only

Charter Affiliation: _____

Member # _____

Application Received: _____

(Date)

By: _____

(Initials)

☐ ☐ ☐

fax mail e-mail

Entered into Database: _____

(Date)

By: _____

(Initials)

Certificate Issued: _____

(Date)

By: _____

(Initials)