



International Association of Consultants, Valuators and Analysts

Associate Membership Application

Please check membership being applied for:

Associate Membership Only

Associate Membership and ICVS Credential

Associate Membership under the Senior BV Practitioner Criteria

PERSONAL INFORMATION (Name will be printed on certificates exactly as written here.):

Name (last/family/surname): _____ (first/given): _____

Name of firm, Organization, or Agency: _____

Position/Title in Firm: _____ Professional Designations: _____

Areas of Expertise: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Telephone: _____ E-mail: _____

ALTERNATE MAILING ADDRESS

Name (last/family/surname): _____ (first/given): _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

BUSINESS REFERENCES:

Company: _____ Name of Contact: _____

Position in the Company: _____ Tel: _____

Full Address: _____

E-mail: _____

Company: _____ Name of Contact: _____

Position in the Company: _____ Tel: _____

Full Address: _____

E-mail: _____

Company: _____ Name of Contact: _____

Position in the Company: _____ Tel: _____

Full Address: _____

E-mail: _____

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I am (check one):

Practitioner pursuing ICVS/CFD (Practitioner Annual Membership Dues: \$430)

A Non-Practitioner, Government worker, Academician (Non-practicing Annual Membership Dues: \$215)

Also applying for Senior Valuator Waiver (Please attach experience log) (Dues: \$395)

A Student (Full-time Student Membership Dues: \$125)

I am (check one):

Professional

Government Employee

Academician

Full-time Student

Other

PAYMENT OPTIONS:

I have included payment by check. (Drawn in US dollars and made payable to "IACVA")

I have charged my payment at: http://iacvabookstore.org/product/IACVA_Charter_Dues_430/.

I have wired my payment. (Instructions below)

Wire instruction (**Please absorb the wire fees and currency exchange costs to avoid delay of renewal.**):

Intermediary Bank:	Wachovia Bank, N.A., New York
Intermediary Bank SWIFT Code:	PNBPUS3NNYC
Beneficiary's Bank:	Bank of Montreal, Int'l Banking H.Q. Montreal
Beneficiary's Bank SWIFT Code:	BOFMCAM2
Beneficiary's Bank CHIPS UID:	046440
Beneficiary's Bank Address:	595 Burrard Street, Vancouver, BC V7X1L7, Canada
Beneficiary:	International Association of Consultants, Valuators and Analysts
Account#:	00044636-966

PROFESSIONAL CONDUCT (Applicable for all members):

1. Have you been convicted of any felony or any crime carrying a punishment (whether served or not) of more than one year in prison since your last renewal application?
Yes No If Yes, please explain on another page.
2. Have you been convicted of a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any other substantially equivalent crime in any court of law since your last renewal application? Yes No If Yes, please explain on another page.
3. Have you had any professional license, professional certification, or professional membership revoked, refused, or suspended (other than for non-payment of dues) since your last renewal application? Yes No If Yes, please explain on another page.

Signature:

Date:

Your signature authorizes IACVA to confirm the above information via e-mail as well as authorizes IACVA to use e-mail for future communication. IACVA will not disclose or share this information with third parties. 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.

FOR OFFICE USE ONLY

Charter Affiliation:

Member #:

Application Received:

By: (initials)

Application Received via: fax mail

e-mail

Entered into Database:

By: (initials)

Certificate Issued:

By: (initials)