



## Membership Activation Form

### PERSONAL INFORMATION:

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: \_\_\_\_\_

ACTIVATION FEE : \$150 (Total of One Hundred and Fifty Dollars Only)

### PAYMENT OPTIONS

- Credit Card (Master/ Visa/ Amex)** Your signature will authorize IFA to confirm the above information via e-mail and/or fax, if necessary and authorize IFA to use either medium for future communication. IFA will not disclose or share this information with third parties to secure confidentiality.

<b>Credit Card #</b>	
<b>Expiry Date</b>	
<b>Pin Code ,CVC( Visa/Master)</b>	
<b>Alfa Code ( AMEX)</b>	
<b>Billing Address ( AMEX Cards)</b>	
<b>Signature</b>	

- Wire Transfer-IF LOCATED OUTSIDE LEBANON** (Please note that the payment should be net of all bank charges- Kindly send me a copy of the swift.)

<b>BENEFICIARY NAME:</b>	M/S INSTITUTE FOR FINANCIAL ANALYSTS OFFSHORE
<b>IBAN:</b>	LB41 0058 0018 USD4 6120 1486 8200
<b>BENEFICIARY BANK:</b>	FENICIA BANK SAL
<b>SWIFT/BIC:</b>	BKAWLBBE
<b>BRANCH:</b>	FOCH

### Return To

#### IACVA-Middle East

Ain Mreisseh, Tina Center, John Kennedy Street, 1<sup>st</sup> floor  
Beirut-Lebanon

Email: [iacva-me@ifamena.com](mailto:iacva-me@ifamena.com); Tel/Fax: 00961-1-366535; Website: [www.iacva-me.com](http://www.iacva-me.com)