



**INTERNATIONAL ASSOCIATION,  
Of Certified Valuation Specialists**

*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: \_\_\_\_\_

*Associate Membership Application (page 2)*

**I am (check one):**

Practitioner pursuing ICVS/CFD (Practitioner Annual Membership Dues: \$450)

**I am (check one):**

Professional                       Government Employee                       Academician  
 Full-time Student                       Other \_\_\_\_\_

**Payment Options**

**Credit Card ( Master/ Visa/ Amex)**

<b>Credit Card #</b>	
<b>Expiry Date</b>	
<b>Pin Code ,CVC( Visa/Master)</b>	
<b>Signature</b>	

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.

**Wire Transfer –IF LOCATED OUTSIDE LEBANON**

<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

Please note that the payment should be net of all bank charges- A copy of the swift should be forwarded along with the registration form.

**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.

**FOR OFFICE USE ONLY**

**Charter Affiliation** \_\_\_\_\_

**Member #:** \_\_\_\_\_

**Application Received** \_\_\_\_\_

**By: (initials)** \_\_\_\_\_

**Application Received via**     **Fax**     **Mail**     **Email**

**Entered into Database:** \_\_\_\_\_

**By: (initials)** \_\_\_\_\_

**Certificate Issued:** \_\_\_\_\_

**By: (initials)** \_\_\_\_\_