



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

- 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.)

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

Return To

IACVS-Middle East

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Beirut-Lebanon

Email: iacva-me@ifamena.com/; Tel/Fax: 00961-1-366535 / Mobile : 00961-78-818569; Website: www.iacva-me.com