



International Association of Consultants, Valuators and Analysts

October 22, 2008

Annual Membership Renewal Form

(Membership and use of IACVA's credentials require an annual renewal of membership with your charter)

MEMBER INFORMATION:

Name: _____ IACVA Member Number: _____
 Name of Firm, Organization, or Agency: _____ IACVA Credential: CVA / CFD Yes No
 Address: (include Mail Stop if applicable): _____ Year Credential Received: _____
 City: _____ State: _____ ZIP: _____
 Tel: _____ Fax: _____ E-mail: _____

Please List:

1. How many Valuation Engagements have you signed in the last twelve (12) months? _____
(Only indicate engagements where you provided more than 15% of the total work effort)
2. How many Valuation Engagements have you worked on in the last twelve (12) months? _____
3. How many courses/conferences have you attended in the last twelve (12) months? _____
4. How many hours were included in the above? _____

Signature: _____

Date: _____

Membership Dues: Charter to complete this section

Practitioner / Professional _____ (Amount) Student _____ (Amount)
 Associate _____ (Amount)
 Academic _____ (Amount)

PAYMENT METHOD:

Check #: _____ Charge to My: AMEX VISA
 Credit Card Number: _____ Expiration Date: _____
 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 AND MEMBERSHIP DUES TO YOUR CHARTER