

III. PAYMENT METHOD:

Charge to: VISA MasterCard Wire (you must pay the wire fee, if any)

Credit Card Number: _____ Expiration Date: _____

Credit Card Billing Address: _____ State/Prov.: _____ Country: _____ Postal Code: _____

Authorized Signature: _____

Wire transfer information. If you wire the remittance, please use the following information -

Destination Bank: Wachovia Bank, N.A., New York,
SWIFT Code PNBPUS3NNYC, ABA# 026005092

Beneficiary's Bank: Bank of Montreal, Int'l Banking H.Q.,
SWIFT Code BOFMCAM2, CHIPS UID 046440

Beneficiary's Bank Address: 595 Burrard Street, Vancouver, BC V7X1L7

Beneficiary: International Association of Consultants, Valuators and Analysts

Account No. 00044636966

Attestation: I hereby attest that the information provided above is true and accurate and is evidence of my qualifications to continue to carry and display my CVA credential. I grant IACVA the right to verify any of the information provided upon request and with reasonable advance notice.

Signature[†]: _____ Date: _____

[†] Your signature will authorize IACVA to confirm your recertification and reporting requirements 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.

THIS FORM CAN BE MAILED, SCANNED, E-MAILED, OR FAXED ALONG WITH THE FEE TO:

IACVA RECERTIFICATION
1411 4th Avenue • Suite 410
Seattle • Washington, USA • 98101

FAX: (206) 623-3200
PHONE: (206) 623-3222

Questions should be directed to info@iacva.org

For Office Use Only

Charter Affiliation: _____

Member # _____

Application Received: _____
(Date)

By: _____
(Initials) fax mail e-mail

Entered into Database: _____
(Date)

By: _____
(Initials)