

IACVA

ASSOCIATE MEMBERSHIP APPLICATION



PLEASE COMPLETE THE INFORMATION BELOW (LEGIBLE PRINT OR TYPE): YOUR NAME AND ADDRESS EXACTLY AS YOU WISH IT TO APPEAR IN IACVA'S CREDENTIALLED MEMBER DIRECTORY ON OUR WEBSITE AT WWW.IACVA.ORG AND ON YOUR MEMBERSHIP CERTIFICATE. TO BETTER SERVE YOU, IACVA REQUESTS A CURRICULUM VITAE AND A BUSINESS PHOTO (HEAD SHOT) BE SUBMITTED ALONG WITH YOUR APPLICATION.

MEMBER INFORMATION:

First Name: _____ Last (Family) Name _____

Name of Firm, Organization, or Agency: _____

Address: (include Mail Stop if applicable) _____

City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____

E-mail: _____

Position in Firm: (or Official title) _____

Designations Currently Hold: _____

Areas of Expertise: _____

SHIPPING ADDRESS: *(If different from address above)*

Name of Firm, Organization, or Agency: _____

Address: (include Mail Stop if applicable) _____

City: _____ State: _____ ZIP: _____

HOME ADDRESS: *(Note: This address will not appear in any IACVA publication. It will be used by IACVA if you change your place of employment and we are unable to obtain a forwarding address and phone number.)*

Address: _____

City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____

PROFESSIONAL CONDUCT:

1 Have you ever been convicted of any felony or any crime carrying a punishment (whether served or not) of more than one year in prison?
Yes No If Yes, please explain: _____

2 Have you been convicted of a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any substantially equivalent crime in any court of law? Yes No If Yes, please explain: _____

3 Have you had any professional license, professional certification, or professional membership revoked, refused, or suspended (other than for non-payment of dues)? Yes No If Yes, please explain: _____

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- I am a:
- | | |
|--|---|
| <input type="checkbox"/> Practitioner pursuing the CVA | <input type="checkbox"/> Professional not pursuing a designation |
| <input type="checkbox"/> Practitioner pursuing the CFD | <input type="checkbox"/> Government Employee not pursuing a designation |
| <input type="checkbox"/> Government Employee pursuing the CVA or CFD | <input type="checkbox"/> Academician not pursuing a designation |
| <input type="checkbox"/> Academician pursuing the CVA or CFD | <input type="checkbox"/> Student full-time, not pursuing a designation |

CHECK THE APPLICABLE OPTION: *(Payable by Check or Credit Card)*

Practitioner Annual Membership Dues: \$430*
 Professional Annual Membership Dues: \$215*
 Government Employee Annual Membership Dues: \$125*

Academician Annual Membership Dues: \$215*
 Student Annual Membership Dues: \$125*

** These amounts are applicable to members not affiliated with a Charter Member. For others, contact your Charter Affiliate. Annual dues are subject to change*

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 TO:

IACVA—Administrative Office

1411 Fourth Avenue . Suite 410 . Seattle . Washington . 98101 USA . Admin Tel: (206) 623-3200 . Admin Fax: (206) 623-3222 . Internet: www.iacva.org

For Office Use Only

- Charter Affiliation: _____ Member # _____
- Application Received: _____ By: _____
 (Date) (Initials) e-mail fax mail (check applicable)
- Entered into Database: _____ By: _____
 (Date) (Initials)
- Member Certificate printed out: _____ By: _____
 (Date) (Initials)