

The Israel Association of Valuators and Financial Actuaries (IAVFA) is a professional organization, an institution for professional training and a body which specializes in placing professional employees in the financial sector in Israel. IAVFA strives to voluntarily regulate the professions of valuation and financial actuarial science in Israel, both by setting pre-qualification requirements, ethical principles for practitioners in these professions, and by training and certifying quality professionals for these professions. IAVFA provides both placement services in order to integrate its credentialed members in leading positions within the Israeli labor market, and mediation services between valuation consumers and valuation specialists.

IAVFA Membership Application

Please complete the information below (Print or Type): Your name and address exactly as you wish it to appear in IAVFA's Credentialed Member Directory on our website at www.IAVFA.org and on your Membership Certificate. To better serve you, IAVFA requests a curriculum vitae and a business photo (head shot) be submitted along with your application. This application is also available online at www.IAVFA.com

Date: _____

SECTION A

Member Information:

Full Name: _____

Designations held: _____

Firm Name: _____

Position in Firm: _____

Firm's Website: _____

Address: _____

Country/State: _____

City: _____

ZIP: _____

E-mail: _____

Tel: _____

Cell: _____

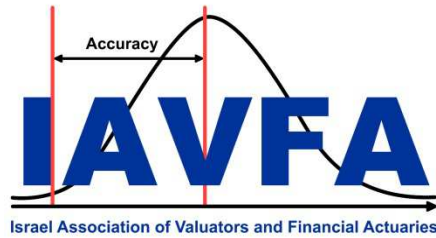
Fax: _____

Areas of Expertise: _____

 WWW.IAVFA.COM

 PO Box 57334, Tel-Aviv, 6157301 Israel

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SECTION B

Shipping Address: *(If different from address above)*

Firm Name: _____

Address: _____

Country/State: _____

City: _____

ZIP: _____

SECTION C

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

Address: _____

Country/State: _____

City: _____

ZIP: _____

E-mail: _____

Tel: _____

Cell: _____

Fax: _____

SECTION D

Professional Conduct:

1. Have you ever been convicted of any felony or any crime carrying a punishment of time in prison, whether or not time was served? Yes No If Yes, please explain:

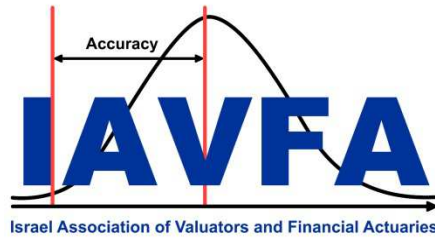
2. Have you been convicted of a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any substantially equivalent crime in any court of law? Yes No If Yes, please explain:

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

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SECTION E

I have included a recent curriculum vitae and a business photo with this application.

SECTION F

Education:

High School Diploma: Yes No

University/College: _____

Degree: _____

Years Attended: _____

University/College: _____

Degree: _____

Years Attended: _____

University/College: _____

Degree: _____

Years Attended: _____

SECTION G

Professional Licenses and Designations:

Association: _____

Designation /License: _____

Designation/License #: _____

Year Certified/Licensed: _____

Association: _____

Designation /License: _____

Designation/License #: _____

Year Certified/Licensed: _____

Association: _____

Designation /License: _____

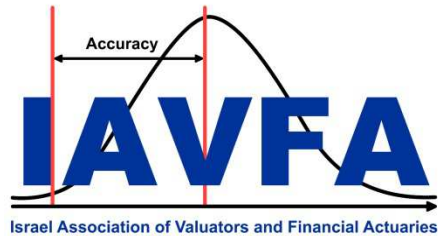
Designation/License #: _____

Year Certified/Licensed: _____

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SECTION H

I am a:

- Practitioner pursuing the MRA/CRA/ORL/IRA/LRA/PRA/FEM/QFV/CFV: Yes No
- Government Employee pursuing MRA/CRA/ORL/IRA/LRA/PRA/FEM/QFV/CFV: Yes No
- Academician pursuing the MRA/CRA/ORL/IRA/LRA/PRA/FEM/QFV/CFV: Yes No
- Professional pursuing the MRA/CRA/ORL/IRA/LRA/PRA/FEM/QFV/CFV: Yes No
- Student full-time pursuing the MRA/CRA/ORL/IRA/LRA/PRA//FEM/QFV/CFV: Yes No
- _____ full-time pursuing the MRA/CRA/ORL/IRA/LRA/PRA//FEM/QFV/CFV: Yes No

Check the Applicable Option: (payable only by credit card)

- Practitioner Annual Membership Dues: \$495* Yes No
- Professional Annual Membership Dues: \$225* Yes No
- Academician Annual Membership Dues: \$225* Yes No
- Associate Annual Membership Dues: \$135* Yes No
- Student Annual Membership Dues: \$135* Yes No

**Annual dues are subject to change.*

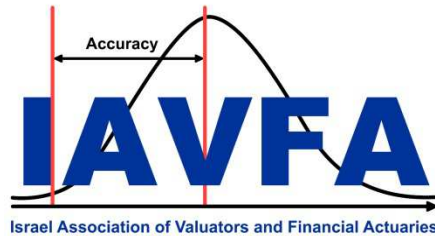
Members holding multiple IAVFA credentials must pay an additional \$100 per additional credential with their annual dues to help support and fund the development of such credentials.

Membership dues are non-refundable, may not be transferred, and cannot be pro-rated.

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SECTION I

By signing this form, applicant agrees to abide by the rules governing IAVFA and its members and agrees to hold IAVFA harmless from any claims arising from or related to membership in IAVFA. IAVFA reserves the right to refuse membership and/or certification to any person. An IAVFA member or holder of an IAVFA certification may have his or her membership or certification terminated based on appropriate grounds therefor as determined by the IAVFA's Executive Advisory Board.

Signature: _____ **Date:** _____

SECTION J

Payment:

Amount Due \$

BY CREDIT CARD Yes No

Card Information: Visa Amex MasterCard Discover

Type: Credit Debit

Card Number: _____

CVV#: (3-4 digit security code) _____

EXP Date: _____

Billing Address: _____

Country/State: _____

City: _____

ZIP: _____

BY BANK TRANSFER Yes No

Bank Name: Bank Hapoalim B.M.

IBAN: IL-17-0126-1300-0000-0604-001

Bank Number: 12

Branch Number: 613

Bank Account Number: 604001

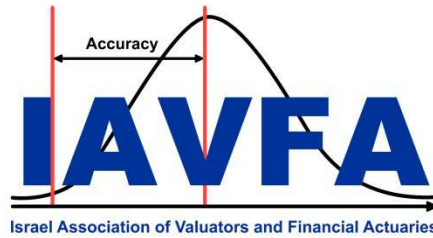
SWIFT Code: POALILIT

Account Name: B.F. ISRAELI ASSOCIATION OF CERTIFIED VALUATORS AND ANALYSTS LTD

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By signing, you authorize IAVFA to charge your account for the amount indicated. IAVFA can also initiate credit entries to your account in the event a credit or correction is due. Your signature authorizes us to confirm the above information via e-mail or fax and to use either for future communications. IAVFA will not disclose or share this information with third parties.

Authorized Signature: _____ **Date:** _____

Membership Application Checklist

Before submitting your application, please verify that you have included all of the following:

- Completed application, including felony question
- Completed three reference letter forms from business references which you wrote down on the application
- Curriculum vitae and a business photo
- Copies of all the academic degrees which you wrote down on the application
- Copies of all the professional licenses and designations which you wrote down on the application
- Payment, to include membership dues.

RETURN APPLICATION VIA E-MAIL, FAX, OR MAIL TO:

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