

**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.com](http://www.IAVFA.com) 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](http://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: \_\_\_\_\_

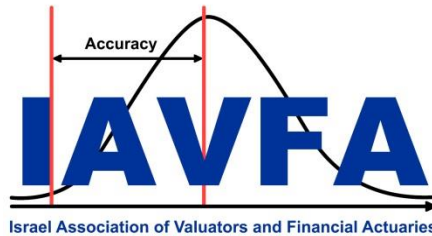
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 [WWW.IAVFA.COM](http://WWW.IAVFA.COM)



5 Nathan Branitzky St. Rishon LeZion 7524205, 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:

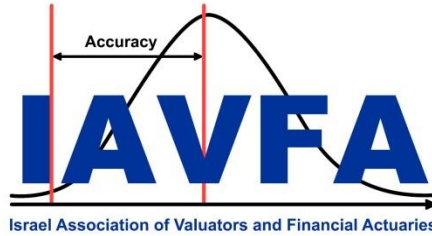
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## SECTION E

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 #: \_\_\_\_\_

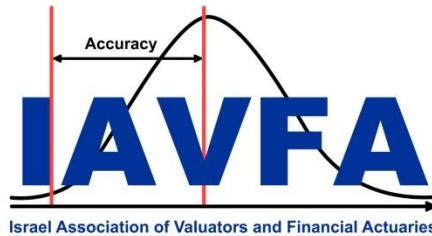
Year Certified/Licensed: \_\_\_\_\_

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## SECTION H

**I am a:**

- Practitioner pursuing the MRA/CRA/ORR/IRA/LRA/PRA/FEM/QFV/CFV:  Yes  No
- Government Employee pursuing MRA/CRA/ORR/IRA/LRA/PRA/FEM/QFV/CFV:  Yes  No
- Academician pursuing the MRA/CRA/ORR/IRA/LRA/PRA/FEM/QFV/CFV:  Yes  No
- Professional pursuing the MRA/CRA/ORR/IRA/LRA/PRA/FEM/QFV/CFV:  Yes  No
- Student full-time pursuing the MRA/CRA/ORR/IRA/LRA/PRA//FEM/QFV/CFV:  Yes  No
- \_\_\_\_\_ full-time pursuing the MRA/CRA/ORR/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.*

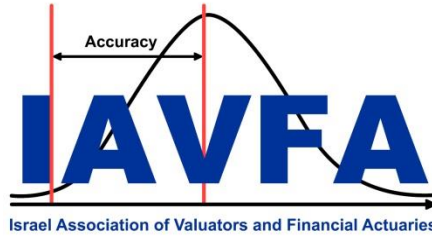
*Membership dues are non-refundable, may not be transferred, and cannot be pro-rated.*

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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**

**MEMBERSHIP DUES:**

**Membership Dues are for the calendar year . . . . . \$200**

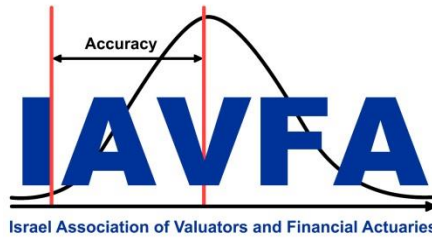
**TOTAL** (Be sure to include membership dues.) \$

**PAYMENT BY BANK TRANSFER**

Bank Name: Bank Hapoalim B.M.  
IBAN: IL32-0125-7200-0000-0489-498  
Bank Number: 12  
Branch Number: 572  
Branch Address: 65 Jabotinski St., Rishon LeZion 7521819 Israel  
Bank Account Number: 489498  
SWIFT Code: POALILIT

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 \$200 membership dues.

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

IAVFA—Israel Association of Valuators and Financial Actuaries




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