



NACVA Membership Application

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

Member Information:

Date: _____

Name: _____ Designations currently hold: _____

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) _____

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 NACVA publication. It will be used by NACVA 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: _____

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

If applying for an Associate Membership, you do not need to respond to the above question.

Check the Applicable Option: (Payable by Check or Credit Card)

- | | |
|--|---|
| <input type="checkbox"/> Practitioner Annual Membership Dues: \$485* | <input type="checkbox"/> Associate Annual Membership Dues: \$125* |
| <input type="checkbox"/> Professional Annual Membership Dues: \$215* | <input type="checkbox"/> Student Annual Membership Dues: \$125* |
| <input type="checkbox"/> Academician Annual Membership Dues: \$215* | |

* Annual dues are subject to change

Payment Method:

Check #: _____ Charge to My: AMEX VISA MasterCard Discover Diners Club

Credit Card Number: _____ Expiration Date: _____

Credit Card Billing Address: (check if same as stated above) _____

Signature of Applicant†: _____ Date: _____

† Your signature will authorize NACVA to confirm the above information via e-mail and/or fax, if necessary and authorize NACVA to use either medium for future communication. NACVA 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 NACVA harmless from any claims arising from or related to membership in NACVA.

Return Application & Applicable Dues by E-mail, Fax, Mail, or Contact NACVA for Information To:

NACVA—National Association of Certified Valuators and Analysts

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