



AMERICAN ACADEMY *of* ACTUARIES

*Objective. Independent. Effective.*<sup>™</sup>

## MEMBERSHIP APPLICATION

### MEMBERSHIP REQUIREMENTS

An actuary is eligible to become a member of the American Academy of Actuaries if he or she:

- has met the basic educational requirements for Associateship in the Casualty Actuarial Society, Associateship in the Society of Actuaries, M.S.P.A. or F.S.P.A. in the American Society of Pension Professionals and Actuaries, membership in the Conference of Consulting Actuaries, Enrolled Actuary status under Title 3, Section C of the Employee Retirement Income Security Act of 1974, Fellowship in the Canadian Institute of Actuaries, Fellowship in the Institute and Faculty of Actuaries in the United Kingdom, Membership in the Colegio Nacional de Actuarios in Mexico, or Fellowship in the Institute of Actuaries of Australia. Any other actuarial educational credentials must be approved by the Membership Committee and the Executive Committee.
- is a resident of the United States for at least three years, or a non-resident or new resident who certifies his or her familiarity with U.S. laws and practices in his or her actuarial practice area, which is intended to mean casualty, health, life, and pension.

A \$75 application fee must accompany your application. This nonrefundable fee is not applied toward annual dues. Please allow two to four weeks for your application to be processed.

Advancing the profession, protecting the future.

[www.actuary.org](http://www.actuary.org)



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**Office Use Only**

Source: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**Please print clearly. All sections must be completed.**

## 1. PERSONAL DATA

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

Employer \_\_\_\_\_ Your Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\*Have you been a resident of the United States for more than three years?  Yes (Skip Section 2C.)  No (You must answer Section 2C.)

## 2. YOUR BACKGROUND

### A. Membership Education Requirements

Status in other actuarial organizations (current membership isn't required):

Organization	Level	Date Attained
American Society of Pension Professionals and Actuaries		
Casualty Actuarial Society		
Conference of Consulting Actuaries		
Society of Actuaries		
Other(s)		

Are you an Enrolled Actuary? \*\*  Yes  No

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment Number \_\_\_\_\_

\*\*Enrolled Actuary is any individual who has satisfied the standards and qualifications as set forth in the regulations of the Joint Board for the Enrollment of Actuaries as who has been approved by the Joint Board to perform actuarial services required under the Employee Retirement Income Security Act of 1974 (ERISA).

## B. General Education

College/University	Course/Major	Date		Degree (if any)
		From	To	

## C. Additional Information

1. A letter of reference from your supervisor detailing and confirming your work in and knowledge of U.S. actuarial standards and practices in your area of practice.
  
2. A statement from you detailing your actuarial work experience and your need for Academy membership. The statement might include, but need not be limited to, the following:
  - A. Name of employers
  - B. Start dates and end dates (month/year)
  - C. Names and positions of immediate supervisors
  - D. Titles
  - E. Duties and actuarial responsibilities
  - F. Specific details about your actuarial work experience that would help demonstrate your use of U.S. actuarial standards and practices on a regular basis.
  - G. Length of actuarial experience: year(s)/month(s)\*
  - H. Your need for Academy membership

\*Note: Credit for actuarial work experience cannot normally be given while an individual is in full-time attendance at a college or university. Please explain, in detail, any overlap between your periods of education and your actuarial experience.

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## D. Have you ever been convicted of a felony? Yes No

If yes, describe the facts and circumstances of the conviction on a separate piece of paper and return it with this application. A conviction does not automatically preclude you from membership in the Academy, but will be considered (with your explanation) as part of the admission process. The facts and circumstances you provide us will be reviewed, and additional clarifying information and references may be requested.

### 3. APPLICANT STATEMENT AND PAYMENT INFORMATION

#### A. Application Statement

If my application is accepted, I agree to be bound by the Academy Bylaws, Code of Professional Conduct, the revised Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States (effective as of January 1, 2008), and by the Actuarial Standards of Practice of the Actuarial Standards Board. I certify that the information provided for this application is, to the best of my knowledge, accurate and truthful.

Signature \_\_\_\_\_ (Digital Signature Not Accepted)

Date \_\_\_\_\_

If my application is accepted, my name should be engraved as follows on my membership scroll:

Print name \_\_\_\_\_

#### B. Payment: \$75 Application Fee

Check enclosed (Make payable in U.S. funds to: American Academy of Actuaries)

Credit card:  MasterCard  Visa  American Express

Card number \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Cardholder's signature \_\_\_\_\_ (Digital Signature Not Accepted)

Date \_\_\_\_\_

Print name \_\_\_\_\_

If your application is approved, you will receive an invoice for annual dues.

Bill me  Charge dues to the credit card listed above \$635 (2018 Membership Dues)

### 4. ADDITIONAL INFORMATION

1. Why are you applying for Academy membership? \_\_\_\_\_

2. Who will pay your Academy dues?  I will  My employer will

3. What is your employment industry? (check one)

- Insurance organization  Consulting practice  Government insurance department  
 Other gov. department  College or University  Organization serving insurance business  
 Other \_\_\_\_\_

4. What is your primary area of practice? (check one)

- Pension/Benefits  Life insurance  Health  
 Property/Casualty  Investment  Financial reporting  
 General management  Other \_\_\_\_\_



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**Please mail the completed form and fee to:**

American Academy of Actuaries  
Attn: Membership Department  
1850 M Street NW, Suite 300  
Washington, DC 20036-5805

Questions? Call us at 202-223-8196 or email [membership@actuary.org](mailto:membership@actuary.org).