AMERICAN ACADEMY *of* ACTUARIES

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, 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 their familiarity with U.S. laws and practices in their actuarial practice area which is intended to mean casualty, health, life, and pension.

A $75 application fee must accompany your application. This non-refundable 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

Office Use Only
Date Received: Application #:
Fee Paid: $ Source:
Comments:

AMERICAN ACADEMY *of* ACTUARIES

1850 M Street NW, Suite 300, Washington, DC 20036-5805
(202) 223-8196 Fax (202) 872-1948 **www.actuary.org**

Please print clearly. All sections must be completed.

1. PERSONAL DATA

Name _____ Date of Birth ___/___/___ ❑ Male ❑ Female

Employer _____ Your Title _____

Business Address _____
Street Suite/Mailstop/Floor

_____
City State ZIP Code Country

Telephone (____) _____ Fax (____) _____ E-mail _____

Home Address _____
Street

_____
City State ZIP Code Country*

Telephone (____) _____ Fax (____) _____ E-mail _____

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

If no, please provide a separate statement, on your letterhead, indicating the need for your association with the Academy and familiarity with U.S. practices.

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 _____

B. General Education

College/University	Course/Major	Dates from	to	Degree (if any)

C. Describe Your Actuarial Experience in Detail (only if you answered "No" in Section 1.)

Attach additional sheets if necessary.

Note: Credit for actuarial work experience cannot normally be given while an individual is in full-time attendance at a college or university.

Employer	Name and Position of Immediate Supervisor	Your Title, Duties, and Actuarial Responsibilities	Start Date (month/year)	End Date (month/year)	Actuarial Experience
					—— yrs. —— mos.
					—— yrs. —— mos.
					—— yrs. —— mos.
					—— yrs. —— mos
					—— yrs. —— mos.
				TOTAL	—— yrs. —— mos.

Please explain, in detail, any overlap between your periods of education and your actuarial experience.

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 admissions process.

3. APPLICANT STATEMENT AND PAYMENT INFORMATION

A. 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 on this application is, to the best of my knowledge, accurate and truthful.**

Signature _____ 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 _____

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 $405 (2012 Prorated Membership Dues)

4. APPLICANT SURVEY

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 _____

Please Mail Your Completed Application and Fee To:

Kasha Shelton
American Academy of Actuaries
1850 M Street NW, Suite 300
Washington, DC 20036-5805

Questions? Call us at (202) 223-8196
or e-mail membership@actuary.org