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AMERICAN ACADEMY *of* ACTUARIES

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## 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](http://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):

Table with 3 columns: Organization, Level, Date Attained. Rows include American Society of Pension Professionals and Actuaries, Casualty Actuarial Society, Conference of Consulting Actuaries, Society of Actuaries, and Other(s).

Are you an Enrolled Actuary? [ ] Yes [ ] No

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

## B. General Education

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

## 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.
<b>TOTAL</b>					— 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 (\$605)

**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**