



AMERICAN ACADEMY *of* ACTUARIES

Objective. Independent. Effective.[™]

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



AMERICAN ACADEMY of ACTUARIES

Objective. Independent. Effective.™

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.

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. ____/____ Security Code _____

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 \$450 (Membership Dues) for 5/1/19 until 8/31/19

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 _____



AMERICAN ACADEMY of ACTUARIES

Objective. Independent. Effective.™

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.