

Application Form

The Chicago Actuarial Association (2010-2011 Membership)

Membership is open to anyone who has passed at least 2 exams of the examinations of the Society of Actuaries or the Casualty Actuarial Society, or their equivalent, or any member of the American Academy of Actuaries.

Actuaries and students who wish to join the CAA (and members who wish to renew) may print this form and submit it to:

Rylan Deemer - CAA Treasurer
Chicago Actuarial Association
P.O. Box 81675
Chicago, IL 60681-0675

Name _____
Company _____
Address _____
City, State, ZIP _____
E-Mail Address _____ Phone #: _____ Ext _____

Are you a new or a current or past member ?

Your Actuarial Affiliation? Society of Actuaries {FSA / ASA / Student}
Casualty Actuarial Society {FCAS / ACAS / Student}
Conference of Consulting Actuaries {FCA / ACA / MCA}

circle your
designations at
right

Do you have other designations that also apply? If so, please indicate here.

Other Actuarial: EA FCIA FIA MAAA
Other Professional: CFA CPA FLMI Ph.D. Other _____

Are you retired? [yes/no] _____

Specialty (select one): Casualty__ Computer__ Credit Life__ Finance__
Generalist__ Group Life & Health__ Individual Life__ Individual Health__
Investments__ Pension__ Other _____

Annual dues are \$30.00. Dues are waived for retired members.

Cheques should be made payable to the Chicago Actuarial Association.

We are also able to accept payment by VISA , MasterCard , Discover , AmExp

Name as it appears on this credit card _____

Card Billing Address, City, State, Zip _____

Card Number: _____ Expiration Date _____

Card Security Code* _____ *(3-digit code on back of Visa, MasterCard, Discover, or the 4-digit code on front of American Express)

Signature _____