

**SOUTHEASTERN ACTUARIES CONFERENCE  
APPLICATION FOR MEMBERSHIP**

**Instructions:** To expedite the processing of your application, please complete both 1 and 2 below.

1. Attach a \$225 check payable to the Southeastern Actuaries Conference for dues.
2. Mail the application, photograph and check to  
JoAnn Bogolin  
859 Greenwood Avenue, NE  
Atlanta, GA 30306

The membership eligibility requirements of the Southeastern Actuaries Conference, as stated in Article 3 of the Constitution, are as follows:

APPLICANT FOR MEMBERSHIP may include any qualified person residing in Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, or Virginia, (1) who is a Fellow or an Associate of the Society of Actuaries, (2) who is a member of the American Academy of Actuaries, (3) who is a Fellow or an Associate of the Casualty Actuarial Society, (4) who has passed at least 4 courses from the Society of Actuaries or the Casualty Actuarial Society, or (5) who has comparable professional actuarial credentials from another country. Such qualified person may be admitted as a Member by the affirmative vote of the majority of the Executive Committee.

Name Prefix: \_\_\_\_\_ Full Name: \_\_\_\_\_ Call Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Professional Designations ASA FSA MAAA FCAS ACAS Other \_\_\_\_\_

Other Industry Designations / Affiliations (EA, CLU, FLMI, etc - Please list) \_\_\_\_\_

I am applying as someone who has passed at least 4 courses from the SOA/CAS: \_\_\_\_\_

If you are applying as other than ASA, FSA, MAAA, FCAS, ACAS or as someone who has at least 4 courses from the SOA/CAS, supply the following information on a separate sheet of paper:

1. Actuarial experience: List job titles, employers, dates of service, and describe specific duties and extent of actuarial responsibilities of each actuarial position held within the past 10 years. Give name and position of each immediate supervisor.
2. College Education: List colleges attended, major course of study, dates attended, and degree.

3. List names, titles, firms and addresses of two or more actuaries who are members of the Southeastern Actuaries Conference, the American Academy of Actuaries, the Society of Actuaries or the Casualty Actuarial Society who are acquainted with your work or your actuarial qualifications.
4. What were the qualifications for membership of any Actuarial Organization in another country?

***Areas of your three greatest specializations (Rank 1,2,3)***

| Area of Specialization   | Rank | Area of Specialization | Rank |
|--------------------------|------|------------------------|------|
| Financial Reporting      |      | Group L&H              |      |
| Marketing                |      | Reinsurance            |      |
| Systems/ EDP             |      | Employee Benefits      |      |
| Individual Life Products |      | Administration         |      |
| Individual A&H Products  |      | Asset/Liability Mgt.   |      |
| Other( )                 |      |                        |      |

***Current Professional Committee Service***

| Organization | Committee | Title |
|--------------|-----------|-------|
| SOA          |           |       |
| AAA          |           |       |
| CAS          |           |       |
| Other( )     |           |       |
| Other( )     |           |       |
| Other( )     |           |       |

***Undergraduate and Graduate Degrees***

| Degree | School |
|--------|--------|
|        |        |
|        |        |
|        |        |

Spouse's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_