

**SOUTHEASTERN ACTUARIES CONFERENCE
APPLICATION FOR MEMBERSHIP**

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

1. Attach a \$200 check payable to the Southeastern Actuaries Conference for dues (for new members, \$100.00 if applying after the Spring Conference Meeting but before the Fall Annual Meeting).
2. Mail the application, photograph and check to
Mark Massey, 2480 Glenn Brooke Dr, Auburn AL 36830

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 - Pleast 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: _____