

AMERICAN ACADEMY *of* ACTUARIES

MEMBERSHIP APPLICATION



AMERICAN ACADEMY
of ACTUARIES

WWW.ACTUARY.ORG

MEMBERSHIP REQUIREMENTS

An actuary is eligible to become a member of the American Academy of Actuaries if they:

Please allow two to four weeks for your application to be processed.

- have 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.
- certify their familiarity with U.S. laws and practices in their actuarial practice area, which is intended to mean casualty, health, life, and pension.
- have read and attests to reviewing and having a reasonable understanding of the “Professionalism for U.S. Actuaries, Outline of Concepts and Structure” (as of October 2021) and the following related documents and the items listed below:
 - Code of Professional Conduct
 - United States Qualification Standards (pages 1-10) (USQS)
 - The following documents related to actuarial standards of practice (ASOPs):
 - ▶ Nos. 1, 21, 23, and 41, and
 - ▶ The Applicability Guidelines for my area(s) of actuarial practice; and
 - Articles IX and X of the Academy’s bylaws (relating to member discipline and the role of the ABCD)

1850 M Street NW, Suite 300
Washington, DC 20036
202-223-8196 | 202-872-1948 (fax)
membershipapplication@actuary.org

AMERICAN ACADEMY *of* ACTUARIES

MEMBERSHIP APPLICATION

Office Use Only

Source: _____

Fee Paid: \$ _____

Comments: _____

Web _____

Please print clearly. All sections must be completed.

1. PERSONAL DATA

Name: *First _____ Middle _____ Last _____

Date of Birth ____/____/____ ☐ Female ☐ Male ☐ Nonbinary ☐ Prefer not to say

Employer _____ Your Title _____

Primary Address _____ ☐ Work ☐ Home

City _____ State _____ ZIP Code _____ Country _____

Work Phone (____) _____ Fax (____) _____

Mobile Number/Work (____) _____ Primary Email* _____ ☐ Work ☐ Home

*If you do not want the Academy to share your contact information (name and email) with any organization that is not directly providing services related to your membership, please log into your Academy account after your membership is active and update your preferences.

Home Address _____

City _____ State _____ ZIP Code _____ Country _____

Home Phone (____) _____ Fax (____) _____

Mobile Number/Home (____) _____ Alternate Email _____

Have you been a resident of the United States for more than three years? ☐ Yes (Skip Section 3C.)

☐ No (You must answer Section 3C.)

Has any actuarial organization ever taken disciplinary action (i.e., reprimand, suspension, or expulsion) against you?

☐ Yes (You must answer Section 3E)

☐ No (Skip Section 3E)

2. REFERENCE†

Reference First Name _____ Reference Last Name _____

Reference Employer _____ Reference Title _____

Reference Email Address _____ Reference Phone (____) _____

Reference Actuarial Designations _____

† A member of the American Academy of Actuaries or another actuary subject to the Code of Professional Conduct.

3. YOUR BACKGROUND

A. Actuarial Memberships/Designations

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. REQUIRED - Membership verification from actuarial membership organization (a membership verification consent form is included on pages 6-7 of this application to assist with the verification process)
 - B. Name of employers
 - C. Start dates and end dates (month/year)
 - D. Names and positions of immediate supervisors
 - E. Titles
 - F. Duties and actuarial responsibilities
 - G. Specific details about your actuarial work experience that would help demonstrate your use of U.S. actuarial standards and practices on a regular basis.
 - H. Length of actuarial experience: year(s)/month(s)
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.
 - I. Your need for Academy membership

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.

E. Has any actuarial organization ever taken disciplinary action (i.e., reprimand, suspension, or expulsion) against you?

If yes, describe the facts and circumstances of the disciplinary action on a separate piece of paper and return it with this application.

4. APPLICANT STATEMENT AND PAYMENT INFORMATION

A. Application Statement

- ☐ 1. U.S. Knowledge Attestation: I attest to necessary knowledge of U.S. laws and practices in my area(s) of actuarial practice with due consideration given to Precept 1 of the Code of Professional Conduct.
- ☐ 2. Reference Acknowledgment: I understand that an Academy representative may contact the individual (member of the American Academy of Actuaries or another actuary who is subject to the Code of Professional Conduct who can detail and confirm the applicant's work and knowledge of applicable U.S. laws and practices) I listed on this membership application.
- ☐ 3. Professionalism Attestation: I attest that I have reviewed "Professionalism for U.S. Actuaries, Outline of Concepts and Structure" (as of October 2021) and the following related documents and I believe that I have a reasonable understanding of the items listed below:
- A. Code of Professional Conduct
 - B. United States Qualification Standards (pages 1-10) (USQS)
 - C. The following documents related to actuarial standards of practice (ASOPs):
 - ASOPs Nos. 1, 21, 23, and 41, and
 - The Applicability Guidelines for my area(s) of actuarial practice; and
 - D. Articles IX and X of the Academy's bylaws (relating to member discipline and the role of the ABCD)
- ☐ 4. If my application is accepted, I agree to be bound by the Academy bylaws, Code of Professional Conduct, the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States, and by the actuarial standards of practice of the Actuarial Standards Board.
- ☐ 5. I certify that the information provided for this application is, to the best of my knowledge, accurate and truthful.

Name _____ Date _____

If my application is accepted, my name should be engraved as follows on my membership scroll:

Print name _____

B. Payment: \$500 (2025 Membership Dues)*

☐ Check enclosed (Make payable in U.S. funds to: American Academy of Actuaries)

Credit card: ☐ Mastercard ☐ Visa ☐ American Express

Card number _____ Exp. ____/____ CVV _____

Cardholder's signature _____ Date _____

Print name _____

*(Application Fee Waived:\$0 2025 Membership Dues New Members Joining 5/1/2025 to 8/31/2025: \$500)

Third Party Opt Out: If you do not want the Academy to share your contact information (name and email) with any organization that is not directly providing services related to your membership, please log into your Academy account after your membership is active and update your preferences in the "Third Party Opt Out" section of your Academy profile.

5. 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 _____

5. What is your specialization? (check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Academic Education | <input type="checkbox"/> Health Ins. - Public Systems | <input type="checkbox"/> Predictive Analytics | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Investments | <input type="checkbox"/> Private Sector - Pension | <input type="checkbox"/> Underwriting |
| <input type="checkbox"/> Catastrophe | <input type="checkbox"/> Liability Insurance | <input type="checkbox"/> Public System/Social Ins. | <input type="checkbox"/> Valuation Reserving |
| <input type="checkbox"/> Commercial Lines | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Regulatory | <input type="checkbox"/> Workers Comp. Ins. |
| <input type="checkbox"/> Disability Income Insurance | <input type="checkbox"/> Long Term Care Insurance | <input type="checkbox"/> Reinsurance | |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Financial Reporting | <input type="checkbox"/> Other Post-Empl. Benefits | <input type="checkbox"/> Risk Management | |
| <input type="checkbox"/> Health Ins. - Commercial | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Specialty Lines | |

6. What is your ethnicity?

- ☐ American Indian/Alaska Native ☐ Hispanic or Latino ☐ Prefer not to say
☐ Asian ☐ Native Hawaiian/Pacific Islander
☐ Black or African American ☐ White



**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 membershipapplication@actuary.org.

Membership Verification Request

To:

Attention: Membership Verification

Date:

From:

The American Academy of Actuaries (“Academy”) requires membership verification and similar membership information regarding my current standing with .

I appreciate your assistance in completing and sharing the following information directly with the Academy as soon as possible. I have provided my consent to share this information and my signature below.

The Academy requests the following information for applicant verification.

1. Member’s Full Name
2. Membership date (start and, if applicable, end date)
3. Member ID
4. Verifications of professional licensing, certifications, and designations
5. Records related to any professional discipline imposed on the member listed above.
6. Member Status (Verify individual is a current member of the organization)
7. Contact name, title, email address, and phone number of the individual completing the verification request

Forward the complete set of member verification information directly to the American Academy of Actuaries either via mail, email, or fax:

Mail:

American Academy of Actuaries
Attention: Membership Department (Applicant Verification)
1850 M Street NW, Suite 300
Washington, D.C. 20036

Email: membershipapplication@actuary.org

Fax: 202-872-1948

If you have any questions, need additional information, or have a specific form that I need to fill out, please feel free to contact me directly to discuss the next steps to get this required information to the Academy. If you have any questions or need additional information from the Academy, they can be reached by phone or email (202-223-8196 or membershipapplication@actuary.org).

Applicant Consent

I have carefully read and understand this consent form, and by my signature below, I authorize _____ [name of actuarial organization] to release information relative to my membership and disciplinary standing to the Academy via written communication (email, fax, or mail).

Name:

Signature:

Date:

Phone Number:

Email Address: